

PASPA

Pennsylvania Association of School Personnel Administrators

INVOICE

Membership Year: July 1, 2018 – June 30, 2019

Dr. Mr. Mrs. Ms. _____

_____ **First Name** **MI** **Last Name**

_____ **Title** **Organization**

_____ **Address** **City, State, Zip**

_____ **Email** **Phone** **Fax** **Cell**

Years of experience in the personnel profession: 0 – 3 years 4 – 7 years 8 – 10 years 10+ years

Membership Category	Membership is transferrable but not refundable	Fee	Total
Active	Regular membership category for individuals and school personnel administrators, with full benefits, office holding and voting rights.	\$225	\$
Institutional	Provides one primary (individual listed above) and two associate memberships. Primary member is the voting member and eligible to hold office. Associate members, individuals other than administrative positions such as support personnel, do not have office holding or voting rights. List associate's name, title & email:	\$295	\$
	Associate # 1:		
	email		
	Associate # 2:		
	email	<i>Additional associates can be added to your institutional membership at \$50 each.</i>	
	Associate # 3:	\$50	\$
	email	\$50	\$
	Associate # 4:		
	email	\$50	\$
	Associate # 5:		
email	\$50	\$	
Associate # 6:			
email			
Retired	For retired individuals with at least one year of PASPA membership prior to retirement. May participate in all association activities. No office holding or voting rights.	\$20	\$
Early Bird Conference Registration: for the above membership categories only	Register now for the 2019 Annual Conference (February 27 th through March 1 st). NOTE: Conference registration form must be completed and returned to the PASPA office to complete your registration. Indicate "payment included with membership renewal" on registration form.	Before 10/1/18 \$495	\$
		After 10/1/18 \$545	
Business Friend of PASPA	For businesses related to the school personnel profession. Membership includes a reduced Annual Conference registration fee. No office holding or voting rights. Includes a website advertisement and ½ page ad in the Annual Conference program. Send graphics (jpg or pdf) to director@paspa.org .	\$395	\$
	Upgrade to a full-page ad.	\$250	\$

<input type="checkbox"/> Check Enclosed	Make checks payable to PASPA	\$
<input type="checkbox"/> PO #	Payment to follow within 30 days.	

THIS FORM IS YOUR MEMBERSHIP ELECTION AND YOUR INVOICE

Remit to: PASPA, 1000 West Valley Road, PO Box 483, Southeastern, PA 19399