



Virginia Association of Secondary School Principals / NASSP UNIFIED MEMBERSHIP APPLICATION FORM

Title _____ Name _____ Position _____

School Name _____ Division _____

School Address _____ City _____ State _____ Zip _____

School Phone (____) _____ School Fax (____) _____ Email _____

Yes, I am an administrator at a middle level, high, or vocational school, and I want to join VASSP/NASSP

Membership Category: Please check (✓) one

Dues Amount

VASSP/NASSP Unified Individual Membership

\$617.00

This membership is paid by the individual member.

VASSP/NASSP Institutional Membership

\$617.00

An Institutional Membership is owned by the school, but in the name of an individual. Only that individual may receive member benefits. For more information, contact the VASSP Membership Coordinator.

Method of Payment: Please check (✓) one

Check: I am paying the entire amount now. Please find my enclosed check for **\$617.00**.

Payroll Deduction: I have informed my school board payroll department to begin deduction of my membership dues of **\$617.00**.

Automatic Bank Draft: I will use Direct Payment Plan form. Please send me more information.

Credit Card: Please charge my credit card in the amount of **\$617.00**.
(check (✓) one: Visa ____ MasterCard ____)

Name on Credit Card _____ CVV _____

Account Number _____ Expiration Date _____

Address of Cardholder _____

Signature _____

For questions about joining VASSP/NASSP, please call the Richmond office at **1-800-249-8001**, and request to speak with the membership coordinator. Dues are effective for one year from date of membership enrollment. Regardless of which method of payment you use, please complete and return this enrollment form to:

VASSP, 4909 Cutshaw Avenue, Richmond, VA 23230