



# New Jersey Principals and Supervisors Association

2010-2011 **ORGANIZATIONAL / SUPPORT SERVICES** MEMBERSHIP APPLICATION

Phone: 609-860-1200

Fax: 609-860-2999

E-Mail: njpsa@njpsa.org

Web: www.njpsa.org

NJPSA ID#	First Name	M.I.	Last Name
School Name			
School Address		(city/state/zip)	
School Telephone	Ext.	FAX	
<b>*E-MAIL</b>		Please Supply Valid EMAIL Address To Receive Critical NJPSA Information	
Home Address		(city/state/zip)	
Home Telephone		SEND MY MAIL TO <input type="checkbox"/> HOME <input type="checkbox"/> SCHOOL	
Position/Title			
Grade Level: <input type="checkbox"/> Pre-K <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary (Check all that apply)			
School District		County	
Date of Birth (required for your insurance)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Referred by
MEMBERSHIP TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		Membership Term: July 1 <sup>st</sup> , 2010 – June 30 <sup>th</sup> , 2011	
<b>PAYMENT METHOD</b>		<input type="checkbox"/> Check	<input type="checkbox"/> Payroll Deduction Complete Authorization Below
			<input type="checkbox"/> PO Attach Purchase Order
			<input type="checkbox"/> Credit Card Authorize Below
<b>NJPSA</b>		<input type="checkbox"/> \$450	All Organizational/Support Service NJPSA members (non-retired) who are less than 65 years of age are <b>automatic recipients of a \$15,000 term life policy and a \$15,000 accidental death policy</b> . All active members who are at 65 years of age, but less than 70 years of age are automatic recipients of a \$7,500 term life policy and a \$7,500 accidental death policy. All active members age 70 or older are not eligible for a term life or accidental death policy.
***NJPSA/Personal Legal Program Fee		<input type="checkbox"/> \$ 75	***Personal Legal services is an optional legal assistance program which provides discounted legal services on issues not related to your employment.
<b>TOTAL \$</b>			
IRS regulations permit you to deduct a portion of your professional dues. See NJPSA membership packet for additional information about tax deductibility. <u>This should not be considered tax advice.</u> The NJPSA cautions all its members who deduct a portion of their dues that they should first speak with their accountant to determine the amount that can be deducted.			
NJPSA Organizational/Support Service members are not entitled to vote or hold office			

### **PAYROLL DEDUCTION AUTHORIZATION** (DO NOT DETACH)

Please return completed application(s) to:

NJPSA, 12 Centre Drive, Monroe Township, NJ 08831-1564, with check, P.O., completed payroll deduction authorization or credit card information.

Name	Title
School	Social Security # Last four digits only XXX-XX-
School District	County
<b>CATEGORY (check all that apply):</b> <input type="checkbox"/> NJPSA <input type="checkbox"/> NJPSA/NAESP <input type="checkbox"/> NJPSA/NASSP <input type="checkbox"/> Extended Legal	
I hereby request and authorize the disbursing officer of the above school district to deduct from any earnings until notified of termination, an amount required for current year membership dues and such amounts as may be required for in each subsequent year; all as certified by said organization; such amounts to be paid to such persons as may from time to time be designated by the local association. This authorization may be terminated only by prior written notice from me effective January 1 or July 1 of any year. Upon termination of employment, the disbursing office shall deduct any remaining amount due for the current school year. I waive all rights and claims for monies so deducted and transmitted and relieve the board of education and its officers from any liability therefore.	
Date	Member's Authorizing Payroll Deduction Signature
Name & Address of Board Secretary	
<b>CREDIT CARD AUTHORIZATION</b>	
Cardholder Name: (print)	
Member's Authorizing Credit/Debit Signature	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD # - - - Exp /	