



New Jersey Principals and Supervisors Association

2011-2012 **ASSOCIATE** MEMBERSHIP APPLICATION

Phone: 609-860-1200

Fax: 609-860-2999

Web: www.njpsa.org

NJPSA ID#	First Name	M.I.	Last Name
School Name			
School Address		(city/state/zip)	
School Telephone	Ext.	FAX	
*E-MAIL		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	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 st , 2011 – June 30 th , 2012	
PAYMENT METHOD		<input type="checkbox"/> Check	<input type="checkbox"/> Purchase Order Attach please
			<input type="checkbox"/> Credit Card Authorize Below
NJPSA		<input type="checkbox"/> \$180	NJPSA entitles member to receive all professional publications, information on professional development programs and access to NJPSA website
NAESP-National Assoc Elementary School Principals		<input type="checkbox"/> \$135	Optional membership
NASSP-National Assoc Secondary School Principals		<input type="checkbox"/> \$82	Optional membership
***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.
TOTAL \$			

IRS regulations permit you to deduct a portion of your professional dues. See NJPSA membership packet for additional information about tax deductibility. This should not be considered tax advice. 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.

Associate members are not entitled to hold office, vote or have legal representation

CREDIT CARD AUTHORIZATION

Cardholder Name: (print)
Member's Authorizing Credit/Debit Signature
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD # - - - Exp Last three digits on reverse

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.