



2017-2018 ASPIRING ADMINISTRATOR MEMBERSHIP APPLICATION

Phone: 609-860-1200

Fax: 609-860-2999

Web: www.njpsa.org

NJPSA ID#	<input type="checkbox"/> RENEWAL	First Name	M.I.	Last Name
<input type="checkbox"/> NEW Will be assigned if new				
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	OR <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 Term: July 1st, 2017 – June 30th, 2018				
PAYMENT METHOD		<input type="checkbox"/> Check	<input type="checkbox"/> Purchase Order Attach please	<input type="checkbox"/> Credit Card Authorize Below
NJPSA		<input type="checkbox"/> \$80	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"/> \$80	Optional membership-Term 07/01/17 to 06/30/18	
NASSP-National Assoc Secondary School Principals		<input type="checkbox"/> \$85	Optional membership-Term 07/01/17 to 06/30/18	
***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 \$				
<small>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.</small>				

Aspiring 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. or credit card information.