



WVASSP and NASSP MEMBERSHIP DUES APPLICATION

NASSP AND WVASSP UNIFIED MEMBERSHIP CATEGORIES/ DUES:	
Please select ONE:	
<u>NASSP/WVASSP:</u>	
<input type="checkbox"/> Individual Dues	\$374.00
<input type="checkbox"/> "First Time" Individual Special Joint Offer	\$299.00
<input type="checkbox"/> Institutional Dues	\$374.00
<input type="checkbox"/> Retired Dues	\$ 86.00
<u>NASSP only:</u>	
<input type="checkbox"/> Retired Dues	\$ 46.00
<input type="checkbox"/> Associate Dues	\$ 79.00
<u>WVASSP only:</u>	
<input type="checkbox"/> Retired Dues	\$ 40.00
Amount Due	▶ \$ _____

METHOD OF PAYMENT:
PAYMENT: Choose payment option: <input type="checkbox"/> Payroll Deduction
Send Payroll Deduction Form to Board Office
<input type="checkbox"/> Check/Money Order enclosed
Make check payable in U.S. funds and mail to: WVASSP ATTN: John J. Cole 264 Ewing Street Berkley Springs, WV 25411
<input type="checkbox"/> Charge my credit card <input type="checkbox"/> Am. Exp. <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Credit Card No. _____
Expiration Date _____
Cardholder's Name _____
Cardholder's Street _____
City _____ State _____ Zip _____
Signature _____
For more information call WVASSP at 304-258-3066

MEMBER INFORMATION (Please Complete)

Name _____ Position _____

School Name _____ / Grade Level _____

School Address _____

School Phone () _____ School Fax () _____

E-Mail Address _____

Home Address _____

Home Phone () _____

Please choose an edition of *Principal Leadership*: MIDDLE LEVEL HIGH SCHOOL

Preference for mail: (check one) HOME SCHOOL

**Note: Institutional Membership – all mail must go to school

DO NOT SEND PAYMENTS TO NASSP

SEND ALL PAYMENTS TO:

WVASSP
ATTN: John J. Cole
264 Ewing Street
Berkley Springs, WV 2541

*****IMPORTANT*****

All persons enrolling with payroll deduction, new or renewal, must complete this form and send to county office.

New deductible amounts must be sent for accurate payroll deductions

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AUTHORIZATION FOR PAYROLL DEDUCTION

_____ County Schools Date: _____

I, _____ (Full Name) do hereby officially authorize the chief fiscal officer or his/her designated representative, to perform the following deductions with respect to my salary for payment of professional dues.

Check the Proper Choices Below

WVASSP & NASSP ___ Renewal \$374.00 ___ New \$299.00

Total Amount to be deducted (please write in total amount to be deducted)

_____ Renewal or _____ New

It is my understanding that the aggregate deduction, when possible, will be calculated for a reduction to my net salary via equal installments per pay period.

If I terminate my employment during the school term, I _____ do hereby authorize said fiscal officer to perform all respective deductions as denoted herein, in full, within my final paycheck.

In executing this request, I do hereby recognize that it is completely binding and cannot be altered, in any manner, during the fiscal year applicable thereto.

Signature _____

Social Security # _____

School _____

Note to County Office: Please send all payment checks to:

John J. Cole
Executive Director, WVASSP
264 Ewing Street
Berkley Springs, WV 25411