



Membership Enrollment Form 2010 - 2011



MESPA and NAESP Joint Membership

Massachusetts Elementary School Principals' Association, Inc.
Massachusetts Elementary School Principals' Education Foundation, Inc.

28 Lord Road, Suite 125, Marlborough, MA 01752
Phone: 508-624-0500 ~ Fax: 508-485-9965

PLEASE PROVIDE ANY CHANGES TO THE INFORMATION REQUESTED TO ENSURE THAT RECEIPT OF MEMBERSHIP BENEFITS ARE NOT INTERRUPTED

Please type or print

Name _____ Position _____

Work Email _____ Home Email* _____

*Emails sent to district email addresses are sometimes blocked. Since we use email to communicate with our membership on a regular basis, please provide us with your address to ensure that you are receiving our communications and all of your membership benefits. Home email addresses will be kept confidential. Thank you.

SCHOOL:

School Name _____ District _____

School Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

HOME:

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Preferred Mailing: _____ Home _____ School

If you are new to the profession as a principal/assistant principal, please check one:

_____ I am a first year principal/assistant principal. _____ I am a second year principal/assistant principal

If new or reclaimed, who recruited your membership in MESPA?

Principals and Assistant Principals must join as Active Members.

- Active Membership MESPA/NAESP\$510
(unified - covers one individual)
- Associate Membership MESPA\$245
- Associate Membership MESPA/NAESP\$360
- Aspiring Membership MESPA\$105
- Aspiring Membership MESPA/NAESP\$175
- Retired Membership MESPA\$55
- Retired Membership MESPA/NAESP\$110
- Retired MESPA/Emeritus Membership NAESP\$163

MESPA/NAESP membership dues are not deductible as a charitable contribution for federal tax purposes.

CHANGE OF SCHOOL INFORMATION:

(Please complete if you have changed, or will be changing, schools)

I was previously at _____

School in _____

My successor at that school is (if known):

I succeed at my present school (if known):

I will remit my payment by the following method: Check # _____ P.O.# _____ Visa MasterCard

Required for Credit Card Payment:

Card # _____ Verification Code: Last 3 digits in signature box _____

Signature _____ Expiration Date ____/____

Name on Card (please print) _____

Billing Address _____

City _____ State _____ Zip _____

Fax or Mail Membership Form to:

MESPA, Inc.
28 Lord Road, Suite 125,
Marlborough, MA 01752
Phone: 508-624-0500
Fax: 508-485-9965
Email: mespa@mespa.org
www.mespa.org

Please make all membership payments payable to:
MESPA, 28 Lord Road, Suite 125, Marlborough, MA 01752
(Tax Exempt # 222-710946)