



## MEMBERSHIP APPLICATION

2019-2020

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Position: \_\_\_\_\_

School System: \_\_\_\_\_ or College: \_\_\_\_\_

Office Address: \_\_\_\_\_

Street City Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please check the appropriate selection for the dues to be paid:

DUES \$150.00 PAID BY:

\_\_\_\_\_ Check - Paid in Full (Personal Check payable to WVASA enclosed with this completed form)

\_\_\_\_\_ Payroll Deduction - (IF PAYROLL DEDUCTION, PLEASE SUBMIT COPY OF THIS COMPLETED FORM TO YOUR PAYROLL DEPT.)

\_\_\_\_\_  
(Signature, Member)

\_\_\_\_\_  
(Signature, Co. Bd. Treasurer)

**Attention, Payroll Department: If the WVASA Member elects payroll deduction, please include either a copy of this completed payroll deduction form with the first check sent to WVASA, or send a print-out with each check sent during the 2019-2020 year that includes the names of each member and the payment amounts for each. Thank you very much, Please contact me with questions.**

Send Payments to:

**Susan Collins  
Executive Director  
West Virginia Association of School Administrators  
100 Angus E. Peyton Drive  
South Charleston, West Virginia 25303  
Phone: 304-677-7152  
Email: susancollins@wvasa.org  
Website: www.wvasa.org**