



MEMBERSHIP APPLICATION

2024/2025

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 \$300.00 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 2024/2025 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: slcoll101@msn.com
Website: www.wvasa.org