

WVASA MEMBERSHIP APPLICATION

2013-2014

Name: _____
(Last) (First) (Middle)

Position: _____

School System: _____ or RESA: _____ or College _____

Office Address: _____

Street City Zip: _____

E-Mail Address: _____

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

DUES \$100.00 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 2011-2012 year that includes the names of each member and the payment amounts for each. Thank you very much. Please contact me with any questions.

Send Payments to:

A.J. Rogers
Executive Director
West Virginia Association of School Administrators
100 Angus E. Peyton Drive
South Charleston, West Virginia 25303
Office Phone: 304-746-8976
Cell Phone: 304-642-7327
Email: ajrogers@wvasa.org
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