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
Website: www.wvasa.org