



MASA

APPLICATION FOR MASA MEMBERSHIP

CIRCLE ONE MR. MRS. MISS DR. OTHER

NAME: _____ TITLE: _____

SCHOOL DISTRICT: _____

STREET ADDRESS: _____

CITY/STATE /ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

AFFILIATE ORGANIZATION: _____
(E.G. CASE, MECA, MASS, ETC.)

- | | | |
|--------------------------|----------|----------------------------------|
| <input type="checkbox"/> | \$125.00 | INDIVIDUAL MEMBERSHIP |
| <input type="checkbox"/> | \$350.00 | CORPORATE MEMBERSHIP |
| <input type="checkbox"/> | \$40.00 | RETIRED MEMBERSHIP |
| <input type="checkbox"/> | \$50.00 | ASPIRING (STUDENT) ADMINISTRATOR |
| <input type="checkbox"/> | \$500.00 | LIFETIME MEMBERSHIP |
| <input type="checkbox"/> | \$436.00 | AASA ACTIVE MEMBERSHIP DUES |

METHOD OF PAYMENT:

- CHECK NUMBER _____ IN THE AMOUNT OF _____ ENCLOSED
- BILL MY DISTRICT FOR PURCHASE ORDER NUMBER _____
- CHARGE MY CREDIT CARD NUMBER: _____
- VISA
- MASTERCARD
- DISCOVER CARD

EXPIRATION DATE: _____ AMOUNT: _____

SIGNATURE: _____

MAIL REGISTRATION TO:
MASA
POST OFFICE BOX 326
CLINTON, MISSISSIPPI 39060