APPLICATION FOR MASA MEMBERSHIP

Circle One  Mr.  Mrs.  Miss  Dr.  Other

Name:________________________________________________________

District:  ______________________________________________________

District position: ______________________________________________

MASA Affiliate Organization: (MECA, MSPRA, CASE, MASBO, MAEOP, MAESA, MAFEPD, MAGIC, MAPT, MASSP, MCA, MSNA, MSPMA, MHSAA, MSACTE, LEARNING FORWARD)

Address: _______________________________________________________

City, State, Zip: _________________________________________________

Telephone:__________       Fax: ______________________

Email:________________________________________________________

_____ $ 150.00   Individual MASA Membership

_____ $ 620.00   Individual MASA & AASA, The School Superintendents Association Membership

_____ $1250.00   District MASA Membership

_____ $ 500.00   Lifetime MASA Membership

_____ $ 40.00   Retired MASA Membership

Method of payment:
    Check Number________________ in the amount of ________________ enclosed.
    Bill my District for purchase order number ____________________________.

Mail Application to:
    MASA
    Post Office Box 1317
    Summit, MS 39666

*other membership levels available. Email msasa1317@gmail.com for more info