



Mississippi Association of School Administrators

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, MAGC, 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*