



**Michigan Association of
Secondary School Principals**

MAY-16

2016-17 SCHOOL YEAR MEMBERSHIP

PERSONAL INFORMATION:

Full Name: _____

Preferred First Name: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Home Address: _____

City: _____ ZIP: _____

Cell Phone: _____

Preferred T-Shirt Size: S M L XL 2XL 3XL

SCHOOL INFORMATION:

District: _____

School Name: _____

Address: _____

City: _____ ZIP: _____

Office Phone: _____

E-Mail: _____

Please be sure to provide an accurate email address to receive your member benefits.

PROFESSIONAL INFORMATION:

What is your current title?: _____ Year started in this position: _____

Middle Level High School CTE District/ISD Elementary Other: _____

Primary reason for joining (choose one): Legal coverage Conferences Legislation/Advocacy Further career Attended an event

If new member, who referred you?: _____

MEMBERSHIP INFORMATION:

Please select one of the following membership options. Information about each option can be found on the reverse of this form.

	<i>EARLY BIRD PRICE!</i>	<i>AFTER JULY 15</i>	<i>AFTER OCT. 1</i>
<input type="checkbox"/> Executive <i>(Intended for: Lead Building Administrators)</i>	\$730	\$750	\$800
<input type="checkbox"/> Professional PLUS <i>(Intended for: Lead Building Administrators)</i>	\$580	\$600	\$650
<input type="checkbox"/> Professional <i>(Intended for: Building Administrators and ISD Employees)</i>	\$330	\$350	\$400

PAYMENT INFORMATION:

Check #: _____ PO #: _____ Credit:    

Amount to Charge: _____ Card #: _____

Expiration: ____ / ____ CVV: _____ Billing ZIP: _____



Email for credit card Receipt: _____

[NOTE: Membership dues may be tax deductible as a business expense up to 90%. MASSP estimates that 10% of dues are not deductible because of lobby activities on behalf of the association's membership.]