

VIRGINIA ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS
NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS

2018-2019 MEMBERSHIP ENROLLMENT FORM

VAESP/NAESP Membership Year is July 1 – June 30.

This form represents information currently in our database. Please make corrections as necessary.

NAME: _____
POSITION: _____
SCHOOL DISTRICT: _____
SCHOOL LEVEL: _____
SCHOOL NAME: _____
SCHOOL ADDRESS: _____
CITY, STATE, ZIP: _____
SCHOOL PHONE: _____
SCHOOL FAX: _____
SCHOOL EMAIL ADDRESS: _____
HOME EMAIL ADDRESS: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: _____
MAILING PREFERENCE (HOME OR SCHOOL): _____
MEMBERSHIP CATEGORY: _____

Payment options are the following:

- Check** – please enclose the full amount due with your membership form.
- Payroll Deductions** – available in some school districts.
Make appropriate arrangements with your payroll office and return your membership form to VAESP. All payments must be received by June 30 of the membership year.
- Bill me.** Send Electronic Invoice to: _____
If no email provided above, invoices will be sent to the member's email address.
- Purchase Order # _____ (if applicable)
- Installments** – allows ten (10) payments during the membership year. **SUBMIT FIRST PAYMENT WITH YOUR MEMBERSHIP FORM** – an installment schedule will be mailed to you for the remaining payments. All payments must be received by June 30 of the membership year.
- Credit Card Payment** (Visa or MasterCard Only)

Credit Card # _____ Expiration Date _____

Signature

Email Receipt to: _____

VAESP MUST RECEIVE A COMPLETED AND SIGNED FORM IN ORDER TO PROCESS YOUR MEMBERSHIP.

By providing my fax number and email address above I consent to receive faxes and emails sent by VAESP. VAESP will not share my fax number or email address with other organizations. Upon joining, I am obligated to pay the membership dues in full before June 30th of that membership year. My signature on this form authorizes VAESP to collect the appropriate membership dues.

Member Signature

Date

Return this form to VAESP

Mail: 1805 Chantilly St, Richmond, VA 23230

Fax: 804-355-1196.

Membership can also be completed online at www.vaesp.org.

Questions? Call 804-355-6791 or email vaesp2eric@gmail.com

_____ **New Member** _____ **Renewal**

Note: Virginia is a Joint Membership State. VAESP and NAESP membership cannot be separated.

MEMBERSHIP CATEGORIES AND DUES

Principals and Assistant Principals are only eligible for the Active or Institutional/Active Categories.

ACTIVE \$425

Available to practicing elementary and middle-level principals, and related educators; includes all benefits and services, including the Legal Benefits Program (\$2 million in individual professional liability coverage and up to \$10,000 for job protection defense claims).

ASSISTANT PRINCIPAL \$385

Available to practicing elementary and middle-level assistant principals, and related educators; includes all benefits and services, including the Legal Benefits

INSTITUTIONAL/ACTIVE \$470

Includes Active Membership and a duplicate set of NAESP regular professional publications.

EMERITUS AND FORMERLY

RETIRED \$145

For all retired VAESP/NAESP Active members. Keep the legal benefit protection you have accumulated. Includes all benefits and services.

ASSOCIATE \$225

Available to professors of education or other non-principals; includes all benefits and services except the Legal Benefits Program.

ASPIRING PRINCIPALS \$130

Available to all students and educators pursuing a career as an elementary or middle-level

principal; includes all benefits and services except the Legal Benefits Program.

Please note: VAESP/NAESP dues are not tax deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense, except 7% for NAESP lobbying efforts and 8% for VAESP lobbying efforts. Please allow 4-6 weeks for initial receipt of publications.