



TEXAS ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

1833 South IH-35 • Austin, Texas 78741 • (512)443-2100 • Fax: (512)442-3343 • www.tassp.org

MEMBERSHIP YEAR:

Sept. 1, 2010 - August 31, 2011

2010-2011 Schedule of Membership Dues

PLEASE INDICATE MEMBERSHIP CATEGORY DESIRED—SEE INSERT

ACTIVE MEMBERSHIP LIMITED TO SECONDARY SCHOOL ADMINISTRATORS

STATE MEMBERSHIP:

TASSP Individual Membership: \$185 _____

Updated date plate for membership plaque: \$5 _____

Laser-engraved membership plaque with date plate: \$55 _____

NATIONAL MEMBERSHIP:

(Does not include state membership)

NASSP Individual Membership: \$234 _____

NASSP Institutional Membership: \$234 _____
(School retains membership)

TOTAL ACTIVE \$ _____

RETIRED MEMBERSHIP AVAILABLE TO INDIVIDUALS WHO WERE ACTIVE OR ASSOCIATE MEMBERS BEFORE THEY RETIRED

TASSP Retired - Annual Membership: \$20 _____

TASSP Retired - Lifetime Membership: \$100 _____

NASSP Retired: \$46 _____

TOTAL RETIRED \$ _____

ASSOCIATE MEMBERSHIP AVAILABLE TO NON-PRINCIPALS AND OTHERS INTERESTED & INVOLVED IN SECONDARY EDUCATION

TASSP Associate: \$75 _____

NASSP Associate: \$79 _____

Specify position: _____

PAYMENT METHOD

TO PAY WITH A CREDIT CARD, YOU MUST REGISTER ONLINE:

www.tassp.org

Check enclosed in the amount of \$ _____

Check Number: _____

I participate in payroll deduction. (Please complete the payroll deduction form and forward both to your District Office.)

ISD: _____

PURCHASE ORDERS NOT ACCEPTED

**YES! SEND ME INFORMATION ABOUT THESE
STUDENT ORGANIZATIONS SPONSORED BY TASSP:**

- Texas Association of Future Educators Chapter
- Texas Association of Student Councils Chapter

For questions concerning membership, E-Mail Shannon at: shannon@tassp.org

TASSP Member I.D. Number: _____

Please correct or provide the following information:

New Member Renewal

Name _____
first *last*

Position _____

School _____

School Mailing Address _____

School City/Zip _____

School Phone _____

School Fax _____

Work E-Mail _____

Home Address _____

Home City/Zip _____

Home Phone _____

Home E-Mail _____

I prefer mail sent to my: School Home

I prefer E-mail sent to my: School Home

School Level: HS MS K-12 Other (grades served: _____)

Check here if you do not want your school contact information printed in the TASSP member directory.

Gender _____ Birthdate _____

Highest Degree _____

Ethnicity _____

**Return form to: TASSP, 1833 South IH-35, Austin, TX 78741
or register online with a credit card: www.tassp.org**