

Texas Association of Secondary School Principals

Membership Classifications 2026-2027



"Above All, Students First"

JOIN TASSP TODAY

Membership Type	Benefits	Cost
TASSP Active Membership	Limited to individuals actively engaged in secondary school administration. Includes \$1,000,000 professional liability insurance, subscriptions to TASSP News Highlights, Texas Study of Secondary Education and special publications; reduced registration fees for annual summer workshop; e-mail/internet access to topics of interest; job placement service; and answers to individual inquiries on administrative and legal questions. Membership non-transferable.	\$300
NASSP Individual Membership	Open to principals, assistant principals, and other school administrators. Comprehensive professional development resources such as on-site seminars, convenient online webinars, and customizable programs brought right to your school; Exclusive publications and email newsletters to keep you up to date on the latest research, issues, and best practices; Discounts on attendance to professional development events such as our annual national conference, where you will expand your network and connect with renowned education leaders; and Up to \$2 million in professional liability coverage for damages arising from professional liability acts or omissions and legal fee reimbursement should you be threatened with the loss of your position or other job-related benefits contrary to due process.	\$270
TASSP Associate Membership	Available to those in non-administrative positions or others interested and involved in secondary education. Includes all the TASSP Active Member services except professional liability insurance.	\$150
NASSP Associate Membership	Associate membership is nontransferable and is open to superintendents, district personnel, department heads, teachers, aspiring leaders, graduate students, professors, and other non-administrators.	\$85
TASSP Retired Membership (Lifetime)	Available to individuals who were active or associate members before they retired. Includes all TASSP Active Member services except professional liability insurance.	\$100
NASSP Retired	Only open to individuals who have been members of NASSP in the past.	\$50

To JOIN, go to the TASSP website (www.tassp.org) and click on the "Join/Renew" section on the main menu bar. If you are new to TASSP, enter an email address under the "New Users" section and click on "Register." If you are renewing your membership with TASSP, enter your username and password and click "Login." If you don't remember your login information, there are links to provide assistance. If you are uncertain about what category would fit your job description in the best way, please call 512-443-2100.

Stay actively engaged with TASSP as a volunteer. Your involvement makes TASSP a better and stronger association! Volunteer forms are on the "About Us" page at www.tassp.org.



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Summary of Professional Liability Insurance Coverage 2026-2027

Coverage A – Educators Liability Insurance

\$1,000,000 Per Insured, Per Occurrence
\$3,000,000 Per Occurrence

Coverage A – Punitive or Exemplary Damages

\$10,000 Each Claim

Coverage B – Reimbursement of Attorney Fees

- ❖ \$15,000 Per Claim, Per Insured for:
 - Professional Rights Action or Proceeding
 - Credential Action or Proceeding
 - Civil Rights Violation Action or Proceeding
 - Appraisal or Career Ladder Action or Proceeding
- ❖ \$5,000 Reimbursement Limit Without Regard to Final Judgment for dismissal, termination, or non-renewal of a probationary contract
- ❖ \$1,000 Reimbursement Limit Without Regard to Final Judgment for all other Professional Rights issues and Credential Action or Proceeding
- ❖ \$5,000 Per Claim, Per Insured for Criminal or Sexual Misconduct Action or Proceeding
 - ❖ \$10,000 Annual Aggregate Per Insured, all CLAIMS under Criminal or Sexual Misconduct Actions or Proceedings
 - ❖ \$1,000,000 Annual Aggregate, all CLAIMS under Coverage B

Coverage C – Bail Bonds

\$1,000 Per Bail Bond, Per Insured

Coverage – Reimbursement of Attorney Fees for Identity Theft

\$10,000 Per Insured, Per Policy Period
Subject to Coverage B Annual Aggregate, all CLAIMS

Coverage – Assault Related Personal Property Damage

\$2,500 Per Assault



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Payroll Deduction Form 2026-2027

MEMBERSHIP BENEFITS BEGIN UPON RECEIPT BY THE TASSP OFFICE OF THIS FORM COMPLETED AND SIGNED BY BOTH THE MEMBER AND THE ISD PAYROLL OFFICER.

Note: The State of Texas Legislature has twice considered a bill that would eliminate teachers/educators from participating in payroll deduction to pay association dues. Should a similar bill pass and be signed into law, school districts would not be able to collect funds to pay membership dues in TASSP. For now, TASSP will continue to accept payroll deduction as an acceptable form of payment for membership. If this practice becomes unacceptable due to changes in State law, the remaining balance of your TASSP membership will be due within 30 days of the date of the last payroll deduction payment. Failure to pay within the 30-day period may result in loss of member benefits, including but not limited to liability insurance. Members are responsible for monitoring individual payroll reports for payments to TASSP.

MEMBER SECTION

Please complete top portion of this form and give to your ISD payroll officer. DO NOT MAIL TO TASSP. Both sections must be completed before a membership can be processed.

Member Name (please print)

Campus Name

TASSP Member #

School Phone (area code)

Member's E-Mail

Total Amount of Dues

I hereby authorize _____ ISD to remit to TASSP through payroll deductions, the amount of dues stated above. In the event I leave the district, I also authorize any unpaid balance to be deducted from my final paycheck and remitted to TASSP.

Member Signature

Date

DISTRICT PAYROLL OFFICE SECTION

Please complete bottom portion and return entire form to TASSP at the address below. A payment does not have to accompany this form. Receipt of this completed form along with a copy of membership application initiates processing.

Membership dues for the above stated amount will be remitted as indicated below:

___ Monthly payments of \$ _____ beginning on ____/____/____ balance paid in full by **8/1/2027**.

___ Other _____ balance paid in full by **8/1/2027**.

DUE TO SECURITY RISKS:

Attn Payroll Officer: If possible, please do not include SSN in monthly checks/statements submitted to TASSP.

Payroll Officer Name (please print)

Payroll Officer Signature

Phone (area code)

Payroll Officer E-Mail

Date

Please return one copy of this form to: TASSP, 305 E Huntland Dr., Suite #300, Austin, TX 78752
Phone: (512) 443-2100 Fax: (512) 442-3343 E-Mail: Shannon@tassp.org