



THE NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

AND

THE MARYLAND ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS
2016-2017



Individual- \$370 _____

Institutional- \$370 _____

Associate- \$140 _____

Retired- \$90 _____

Available to all principals, AP's, and other School administrators. Individual members receive all NASSP and MASSP benefits. Membership is owned by the individual and is non-transferable. (NASSP \$250 MASSP \$120)

Eligibility and benefits are the same as the the Individual. This membership is school-owned in the name of an individual and is covered as a professional development expenses by most districts. This membership is transferable and all materials are sent to the school (NASSP \$250 MASSP \$120)

Open to department heads, teachers, graduate students, and professors. Associate members receive all benefits except legal and liability coverage. Membership is non-transferable (NASSP \$85 MASSP \$55)

Open to previous active members who have retired and no longer hold an administrative position. Membership is non-transferable (NASSP \$50 MASSP \$40)

First time member- \$335
Membership fee for any school administrator joining for the first time. Eligible for individual or institutional membership. All benefits are the same as individual and institutional. Non-transferable.

Your position _____ Title: Mr. ___ Ms. ___ Mrs. ___ Dr. ___ Other: _____

Name: _____

School Name: _____ District/County _____

School Address: _____

City: _____ State: _____ Zip Code _____

School Phone: _____ School Fax: _____ E-mail address _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____

Please choose an edition of Principal Leadership magazine: Middle Level _____ High School _____ Please send mail to Home _____ School _____

METHOD OF PAYMENT

Check made out to MASSP _____

Credit Card Personal _____

School/District _____

Card Type: MasterCard _____

Visa _____ American Express _____

Account number: _____ Expiration Date _____

Cardholder signature _____ Security Code _____

Printed name of cardholder _____

Billing address _____

MAIL PAYMENT and APPLICATION TO:

MASSP
2970 Hearthstone Rd.
Ellicott City, MD
21042-2571

