

National Association of Secondary School Principals



Membership Registration

Name _____

School _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Email _____

Membership Categories: **Membership Number** _____ *(for renewals)*
Please check one

Individual Active- \$235

Retired - \$60

Institutional Active - \$280

Aspiring Principal - \$80

Emeritus - \$118

Associate - \$135

Amount Due \$ _____ Amount Enclosed \$ _____

Method of Payment *(Payable to CAS)*

Check Enclosed

Purchase Order

Please return to: **Connecticut Association of Schools**
Attn: NAESP Membership
30 Realty Drive
Cheshire, Connecticut 06410

