

# MEMBERSHIP APPLICATION

## Affiliate Membership



This information will be kept confidential in our office.

Please complete & return to: Michigan Association of School Administrators

1001 Centennial Way, Suite 300

Lansing, MI 48917-9279

Or: [gomasa@gomasa.org](mailto:gomasa@gomasa.org) Fax: (517) 327-0779

Date \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Title \_\_\_\_\_

School District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Member Since \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EDUCATION HISTORY

High School Attended	Year Graduated
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College/Universities Attended	Degree	Years Attended
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### WORK HISTORY

Education Positions Held	School	Begin/End Dates
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Non-Education Positions Held	Location	Begin/End Date
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Please use space below for additional information. If possible, please attach current photo/snapshot.

I understand that by providing my mailing address, email address, telephone number, and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Michigan Association of School Administrators solely via regular mail, email, telephone, or fax.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE NOTE

Your superintendent's signature is required for membership:

Superintendent Signature: \_\_\_\_\_

### Affiliate Membership Fee: \$95

Check Enclosed     Please Invoice     VISA     MasterCard

Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

*PLEASE MAKE YOUR CHECK PAYABLE TO MASA*