

MEMBERSHIP APPLICATION

Associate 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 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: _____

Associate Membership Fee: \$150

Check Enclosed Please Invoice VISA MasterCard

Number: _____ Exp. _____

Signature _____

PLEASE MAKE YOUR CHECK PAYABLE TO MASA