

Delaware Association of School Administrators Membership Application

CIRCLE ONE: Ms. Mrs. Mr. Dr.

Name: Last _____ First _____ MI _____

Agency OR School AND District _____

Position _____

Email Address _____

Business Street Address _____

City _____ State _____ Zip _____

Home Street Address _____

City _____ State _____ Zip _____

Fill in proper amount in appropriate spaces:

\$345DASA(Required for department membership)

_____ School Business Officials	\$ 5
_____ School Personnel Administrators	15
_____ Secondary School Principals	20
_____ Elementary School Principals	30
_____ Curriculum & Supervision	10
_____ Chief School Officers	50
_____ Administrators of Special Programs	5
_____ School Food Service Supervisors	5
_____ AASA	403
_____ NAESP	215
_____ NASSP	226
<u>\$</u> _____ TOTAL AMOUNT	

Payroll Authorization.....Amount \$ _____

Signature _____

Date _____

With full knowledge of the above, I authorize my employer to deduct from my salary and pay to the association, in accordance with the agreed-upon payroll deduction procedure, my association dues as may be determined from time to time as indicated above for the current membership year and each membership year thereafter, provided that I may revoke this authorization as of July 1 of any calendar year by giving written notice to that effect to DASA and my employer on or before June 30 of that year.

Members Obligation

*E-mail or fax a copy to your Payroll/Benefits Office

*E-mail or fax a copy to dvirdin@edasa.org(1-302-674-8305)