

MASA Membership

July 1, 2011- June 30, 2012

Minnesota Association of School Administrators

INVOICE

Salutation Mr. Mrs. Dr. Ms.

FName

LName

Title

District Name

District Address

District City

District Zip

Business County

District Phone

District Fax

Email Address

Cell Phone

Ass't. Name

Ass't. Email

Congressional Dist.

Legislative Dist.

- New Membership
- Renewing Membership
- District Change
- Job Title Change

We **MUST** have all personal information to obtain insurance and legal benefits on your behalf

Birthday **ON FILE (will call if needed)**

Sex

Partner Name

Home Address

City, State, Zip

Home Phone

Beneficiary

**SUBMIT A COPY
WITH PAYMENT**

Your Membership Categories Are:

(you have the option of changing these categories)

- | | | |
|------------------------------------|--|-----------|
| MASA Membership Categories: | <input type="checkbox"/> Only MASA | \$ 810.00 |
| | <input type="checkbox"/> Service MASA Membership | \$ 523.00 |
| | <input type="checkbox"/> Student MASA Membership | \$ 58.00 |
| | <input type="checkbox"/> Person On Leave MASA Membership | \$ 168.00 |
| | <input type="checkbox"/> Subscription MASA Membership | \$ 58.00 |
| AASA Membership Categories: | <input type="checkbox"/> Administrator-AASA | \$ 436.00 |
| | <input type="checkbox"/> College Professor-AASA | \$ 195.00 |
| | <input type="checkbox"/> MASE non-voting | \$ 45.00 |

Please make your check payable to:

MASA
1884 Como Avenue
St. Paul, MN 55108

MASA Federal Tax ID # 41-0880260

Total Amount Due

Your Chosen
MASA
Component
Group

- Superintendent
- Special Education
- Central Office
- Service Provider
- Curriculum

MASA Region

MASE Area

Office Use Only

Check # _____