

**WVAEMSP/NAESP MEMBERSHIP ENROLLMENT FORM**  
**ANNUAL OR CONTINUOUS MEMBERSHIP 2018-19**

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ School: \_\_\_\_\_

Work /School Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

New Member? Please describe your reason to join: \_\_\_\_\_

**Institutional Active Membership \$415.00**-----Institutional Active Membership refers to the school purchasing a membership. The membership includes both the National and the State memberships and can be paid through school funds. The principal is covered by benefits and both the principal and the school receives copies of publications from NAESP and WVAEMSP. If the principal transfers during the year, the coverage goes with him/her and the school continues to receive publications. Mail your purchase order to the address below. You will receive an invoice.

**Principal \$370.00**

**Assistant Principal \$370.00**

**Central Office Member: \$370.00**

**Aspiring: WVAEMSP: \$50.00 + NAESP \$70.00 (\$120)**

**Emeritus: WVAEMSP \$20.00 +NAESP \$118.00 (\$138)**

**To Payroll Department:** Please deduct from my wages a total of \$ \_\_\_\_\_ for my dues in equal payments throughout the year.

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

**FOR CONTINUOUS MEMBERSHIP READ AND SIGN BELOW:**

**I choose to be a continuing member of WVAEMSP/NAESP and I authorize my employer to deduct from my salary and remit to WVAEMSP, in accordance with the agreed upon payroll deduction procedure in place continuously from year to year from the date noted below until I remit a written notice to the payroll department to discontinue these deduction.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**BE SURE: If you are participating in payroll deductions, send a copy of this enrollment form to your county  
PAYROLL DEPARTMENT**

**Please send a SECOND COPY to Dr. Mickey Blackwell, WVAEMSP, Box 4785, Charleston, WV 25364.**

**MAKE CERTAIN THE STATE OFFICE RECEIVES YOUR ENROLLMENT INFORMATION SO THAT WE CAN CONFIRM YOUR MEMBERSHIP AND BEGIN YOUR BENEFITS! OTHERWISE, WE WILL NOT BE AWARE OF YOUR MEMBERSHIP UNTIL YOUR LOCAL BOARD SENDS IN THE FIRST PAYMENT.**

***If paying by check, pay to WVAEMSP and send it to the address listed above.***