

VAESP ID#: NAESP ID# Full Name:

**Virginia Association of Elementary School Principals
National Association of Elementary School Principals
Membership Data Form -- 2009-2010**

Please return your signed membership form and payments to: VAESP
1805 Chantilly St., Richmond, VA 23230
For Questions, please call 804-355-6791, fax 804-355-1196 or e-mail info@vaesp.org

Please fill in all blanks.
Please supply school and home addresses and check your mailing preference.

Name: Sex:

Position: Social Security No:

School District:* Zone:

School Level: Elem, Mid, High, Spec Ed, Other Grade Config:

Mail Preference: Please enter: school or home School Phone:

School Name: School Fax:

School Address: Home Phone:

Areas of Educational Expertise:
(to be used by VAESP for publications, committee assignments, etc.)

Home Address:

E-Mail:

Referred By: _____

VAESP will not provide your information to any unaffiliated company. Please initial the following line to opt-out of VAESP facsimiles and electronic mailings. _____

**Membership Information - change as needed.
Member Types include Active, Institutional/Active, Emeritus, Retired, Associate and Aspiring.**

Member Type: Pay Method: Dues

Credit Card Payment – Please circle VISA MASTERCARD

Card Number _____ Expiration Date _____

Signature _____ Billing Zip Code _____

Beneficiary Information: Included in Active, Institutional/Active, and Emeritus memberships is a \$2,000 death benefit paid by VAESP to be split equally between identified beneficiaries. Please list your beneficiaries below.

Member's Date of Birth: Birthdate required for life insurance

Leave benefit to VAESP - If you would like to designate VAESP as your beneficiary, please check this box.
If you do not list your beneficiaries, your benefit will automatically be left to VAESP.

1st Beneficiary: 2nd Beneficiary: 3rd Beneficiary:

Date of Birth: Date of Birth: Date of Birth:

Relationship: Relationship: Relationship:

Address: Address: Address:

VAESP MUST RECEIVE A COMPLETED AND SIGNED FORM IN ORDER TO PROCESS YOUR MEMBERSHIP.

I understand that by providing my fax number and e-mail address above I consent to receive faxes and e-mails sent by VAESP. I understand that VAESP will not share my fax number or email address with other organizations. Upon joining, I am obligated to pay the membership dues in full before June 30th of that membership year. My signature on this form authorizes VAESP to collect the appropriate membership dues.

Member's Signature: _____ Date: _____