



THE NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

AND

THE MARYLAND ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS  
2010-2011



Individual- \$344\_\_\_\_\_

Institutional- \$344\_\_\_\_\_

Associate- \$129\_\_\_\_\_

Retired- \$86\_\_\_\_\_

Available to all principals, AP's, and other School administrators. Individual members receive all NASSP and MASSP benefits. Membership is owned by the individual and is non-transferable. (NASSP \$234 MASSP \$110)

Eligibility and benefits are the same as the Individual. This membership is school-owned in the name of an individual and is covered as a professional development expenses by most districts. This membership is transferable and all materials are sent to the school (NASSP \$234 MASSP \$110)

Open to department heads, teachers, graduate students, and professors. Associate members receive all benefits except legal and liability coverage. Membership is non-transferable (NASSP \$79 MASSP \$50)

Open to previous active members who have retired and no longer hold an administrative position. Membership is non-transferable (NASSP \$46 MASSP \$40)

**First time member- \$250**  
Membership fee for any school administrator joining for the first time. Eligible for individual or institutional membership. All benefits are the same as individual and institutional. Non-transferable.

Your position \_\_\_\_\_ Title: Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

School Name: \_\_\_\_\_ District/County \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_ E-mail address \_\_\_\_\_

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

Please choose an edition of Principal Leadership magazine: Middle Level \_\_\_\_\_ High School \_\_\_\_\_ Please send mail to Home \_\_\_\_\_ School \_\_\_\_\_

**METHOD OF PAYMENT**

Check made out to MASSP \_\_\_\_\_

Credit Card Personal \_\_\_\_\_

School/District \_\_\_\_\_

Card Type: MasterCard \_\_\_\_\_

Visa \_\_\_\_\_ American Express \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Printed name of cardholder \_\_\_\_\_

Billing address \_\_\_\_\_

**MAIL PAYMENT and APPLICATION TO:**  
  
**MASSP**  
**3443 Walker Drive**  
**Ellicott City, MD**  
**21042-3723**