

**WVAEMSP/NAESP MEMBERSHIP ENROLLMENT FORM
ANNUAL OR CONTINUOUS**

New Member Recruited by _____ Date _____

Name: Last _____ First _____ MI _____

Home Address: Street/Box _____ City _____

State _____ Zip _____ Home Phone (_____) _____

- Employer _____

NAESP ID # _____

School _____ Phone (_____) _____

School/Work
Address: Street/Box _____ City _____

State _____ Zip _____ E-Mail _____

Position: *Check One*

- Principal: \$350.00 Assistant Principal: \$350.00 Institutional Active: \$395.00
 Aspiring: (WVAEMSP \$50.00 + NAESP \$70.00) Emeritus: (WVAEMSP \$20.00 + NAESP \$108.00)
 Central Office: \$350.00

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

Signature _____

Please Note: WVAEMSP/NAESP dues are not deductible as a charitable expense and only 88% are deductible as business expense.

FOR CONTINUOUS MEMBERSHIP - READ AND SIGN BELOW

CONTINUOUS MEMBERSHIP

I choose to be a continuing member of WVAEMSP/NAESP and I hereby authorize my employer to deduct from my salary and remit to WVAEMSP, in accordance with the agreed upon payroll deduction procedure, contributions as indicated above for the 20__ - 20__ membership year and every membership year thereafter, provided that I may revoke this authorization as of October 1 of any calendar year by giving written notice to that effect to my employer and WVAEMSP on or before that date.

Signing this form constitutes a binding contract to pay annual dues except by following the conditions set forth in the "continuous membership" statement above.

Member Signature _____

Date _____

Send original to payroll- Send 2nd copy to WVAEMSP, P.O. Box 655, Mill Creek, WV 26280-0655 Keep
3rd copy for your records. If paying by check, send copy to WVAEMSP only.