

WAEMSP/NAESP



2024 - 2025 MEMBERSHIP ENROLLMENT FORM

PLEASE TYPE OR PRINT:NEW MEMBERRENEWAL		
Name:		Position:
School:	Grade Configuration:	
School Address:		
City:	State:	Zip:
School Phone:	School Fax:	
Secretary's Name:	Secretary E-mail :	
Your School E-Mail Address:		
Home Address:		
City:	State:_	Zip:
Cell Phone:		
Preferred Address: Home	School	Referred by (if new member):
including Legal Benefits Program (\$2 protection defense, based on continuous on ASCA membership, cor ASSISTANT PRINCIPAL: Active assist including Legal Benefits (\$2 million in defense, based on continuous years ASCA membership, conference regis INSTITUTIONAL ACTIVE: Includes an ASSOCIATE: Available to professors the Legal Benefits Program. ASPIRING PRINICPAL: Available to a career, but not yet practicing, as an services EXCEPT the Legal Benefits Program.	million individual uous years of menterence registration and profession of membership), tration and resount Active members of education or not ll students, teache elementary or microgram.	related titles receive all NAESP benefits and services onal liability coverage / up to \$10,000 for job protection access to webinars, research, online learning, discounts on
TYPES OF MEMBERSHIP		METHOD OF PAYMENT Make Checks Payable to WAEMSP
ACTIVE	\$475	Make effects i dyasie to waterist
ASSISTANT PRINCIPAL	\$395	Check Enclosed
INSTITUTIONAL ACTIVE	\$ 500	Purchase Order Attached
ASSOCIATE	\$195	
ASPIRING PRINCIPAL EMERITUS	\$115 \$105	Pay online with your credit card, www.waemsp.org.

Send Membership Form to: Kenny Jones, 2073 Pheasant Draw Road, Sheridan, WY 82801

PHONE: 307-202-0977. E-MAIL: waemsp.exec@gmail.com