



ASSOCIATE MEMBER APPLICATION

DATE: _____

Associate member dues are **\$350/year**, for the period **September 1 - August 31**, and is not prorated. Associate members receive these benefits of regular membership: AFSA Educators Professional Liability, AFL-CIO membership, optional group insurance plans and Union Plus benefits. Associate members do not receive AFSA Legal Action Trust, AFSA Accidental Death or AFSA Total Disability benefits. Direct Legal Aid is provided to associate members for contract or employment related issues, but is limited to phone and/or written consultation.

Please refer to our benefits summary for an explanation of benefits (sent upon receipt of membership dues payment) or you can view all benefits at our web site: www.AFSAadmin.org

INSTRUCTIONS

Please print all information below. Make check payable to "AFSA", and mail this completed form and payment to:

**Attn: ASSOCIATE MEMBER
American Federation of School Administrators
1101 17th Street, NW Suite 408
Washington, DC 20036-4720**

SALUTATION (mark one): Dr. Mr. Ms. Miss Mrs.

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

HOME PHONE: () _____ - _____ FAX: () _____ - _____

WORK PHONE: () _____ - _____ FAX: () _____ - _____

EMAIL: _____

TITLE/POSITION: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____