



NJ Association of School Administrators  
920 W. State St. Trenton, NJ 08618  
609-599-2900/Fax 609-599-1893

### ACTIVE MEMBERSHIP APPLICATION - OFFICE RECORD CARD 2010-2011

(Circle One) Dr. Ms. Mr.

Name \_\_\_\_\_

Title \_\_\_\_\_

District \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

#### FOR OFFICE USE ONLY

ID# \_\_\_\_\_

Database \_\_\_\_\_

Website \_\_\_\_\_

ID Card \_\_\_\_\_

Year appointed to present position: \_\_\_\_\_

#### Home Address:

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date: Mo \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

#### Beneficiary Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

#### PLEASE RETURN THIS CARD TO:

NJASA  
920 W. STATE STREET  
TRENTON, NJ 08618

**Dues: .01 of 2010-11 salary (to nearest \$5) + \$100  
(minimum dues \$770 + \$100)**

.01 x _____	= \$ _____	+ \$100 \$ _____
Salary	dues to nearest \$5	Total Dues

Check one:  bill me  bill board  check enclosed  voucher enclosed  payroll deduction  credit card

We accept:  Visa  MasterCard  American Express – Authorizing Signature \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

**\*If submitting a voucher, please return WITH this form!** For additional payment options or questions, please contact Charlotte Duthie, Membership/Office Manager, at 609-599-2900 – X127 or email [cduthie@njasa.net](mailto:cduthie@njasa.net). A portion of your dues relates to lobbying and is not deductible.