



New Jersey Association Of School Administrators

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(609) 599-2900 / Fax (609) 599-1893 / Website: www.njasa.net

**ASSOCIATE MEMBERSHIP
APPLICATION - OFFICE RECORD CARD 2018-2019**

(circle one) Mr. Ms. Dr.

Name _____

Title _____

District _____

County _____

Address _____

City _____ State _____ Zip _____

Phone _____ Ext _____

FAX _____

E-Mail _____

Twitter Handle _____

FOR OFFICE USE ONLY

ID# _____

Database _____

Website _____

ID Card _____

PAYMENT INFORMATION

MEMBERSHIP DUES: \$195

Please mail THIS ORIGINAL CARD
along with any corrections and
appropriate payment to:
NJASA
920 W. State St.
Trenton, NJ 08618

Payment options: ___ Bill me ___ Bill my board ___ Check enclosed ___ Voucher enclosed ___ Credit card

We accept: ___ American Express ___ Visa ___ MasterCard Authorized Signature _____

Credit Card # _____ Exp Date _____

* If submitting a voucher, return WITH this form.

