

# AWSP INTERN MEMBERSHIP

## Association of Washington School Principals

1021 8th Avenue SE, Olympia, WA 98501-1500

(360) 357-7951 ♦ (800) 562-6100 ♦ FAX: (360) 357-7966 ♦ Email: annalee@awsp.org

### ENROLLMENT FOR THE MEMBERSHIP YEAR OF SEPTEMBER 1, 2009 TO AUGUST 31, 2010

PERSONAL INFORMATION

Name: \_\_\_\_\_  
FIRST MI LAST

SSN: \_\_\_\_\_ Position: \_\_\_\_\_  
OPTIONAL

School: \_\_\_\_\_ District: \_\_\_\_\_

Home Address: \_\_\_\_\_  
CITY STATE ZIP

Home Phone: ( ) \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

Please send my mail to: Home School

I am enrolled in an intern program through \_\_\_\_\_  
NAME OF COLLEGE OR UNIVERSITY

**INTERN MEMBERSHIP ENTITLES YOU TO RECEIVE ALL AWSP PUBLICATIONS AND ATTEND ANY OF THE AWSP-SPONSORED CONFERENCES AND MOST WORKSHOPS AT REDUCED RATES. IT ALSO OFFERS AN OPPORTUNITY TO NETWORK WITH PRACTICING PRINCIPALS AND ADMINISTRATORS.**

MEMBERSHIP

- \$75.00 AWSP Intern Membership for the current membership year.
- \$145.00 AWSP Intern Membership and NAESP Aspiring Membership (\$75 AWSP & \$70 NAESP).
- \$290.00 AWSP Intern Membership and full (Active) membership in the National Association of Elementary School Principals (NAESP). Includes liability and legal coverage as specified in membership materials [\$75 AWSP & \$215 NAESP].
- \$154.00 AWSP Intern Membership and NASSP Associate Membership (\$75 AWSP & \$79 NASSP).
- \$309.00 AWSP Intern Membership and full (Individual) membership in the National Association of Secondary School Principals (NASSP). Includes liability and legal coverage as specified in membership materials [\$75 AWSP & \$234 NASSP].

**As you pursue an administrative career, you continue to be eligible for Intern Membership for two years after completing your internship. If you have not obtained an administration position by that time, your membership will be renewed as an Associate Membership at the same rate as an Intern Membership.**

PAYMENT PLAN

- Bill my District Office.       Purchase Order #: \_\_\_\_\_ if required by District.
- My personal check is enclosed for the amount checked above. Make checks payable to AWSP.
- Credit my Discover, American Express, Visa or Mastercard for the amount checked above. (circle one)  
Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**AWSP MISSION STATEMENT**—THE MISSION OF THE ASSOCIATION OF WASHINGTON SCHOOL PRINCIPALS IS TO SUPPORT PRINCIPALS AND THE PRINCIPALSHIP IN THE EDUCATION OF ALL STUDENTS.

# Personal Data Sheet

Filling out this form is optional.

**Association of Washington School Principals  
Personal Data Sheet  
(Optional)**

We would appreciate your voluntary cooperation in responding to the questions below. This information is strictly confidential and available only to authorized staff. Please check or write appropriate responses.

1. What race or ethnic group do you consider yourself? If you have more than one racial/ethnic group background, please indicate "Other Race/Ethnic Group" below.

- |                                     |  |   |  |                                       |
|-------------------------------------|--|---|--|---------------------------------------|
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Vietnamese      | <input type="checkbox"/> Filipino         | <input type="checkbox"/> Hawaiian      | <input type="checkbox"/> India Indian |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Korean          | <input type="checkbox"/> Cambodian        | <input type="checkbox"/> Samoan        | <input type="checkbox"/> Laotian      |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Alaska Native    | <input type="checkbox"/> Spanish       | <input type="checkbox"/> Latino(a)    |
| <input type="checkbox"/> Hispanic   | <input type="checkbox"/> Native American | <input type="checkbox"/> African-American | <input type="checkbox"/> Not Specified |                                       |

American Indian (tribe): \_\_\_\_\_

Other Race/Ethnic Group: \_\_\_\_\_

2. Are you:  Male  Female

3. Have you ever been on active duty in the U.S. Armed Forces?  Yes  No  
If yes, dates you served: From \_\_\_\_\_ to \_\_\_\_\_  
Disabled veteran: Percentage of disability: \_\_\_\_\_%

4. Do you have a physical, sensory, or mental condition that limits any of your major life functions? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Date of birth: \_\_\_\_\_