



# Virginia Association of School Personnel Administrators

## VASPA Membership Application Form

General Information:

**Membership Period:** July 1, 2005 - June 30, 2006

**Fee:** \$40.00

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Member Information:

**Name:**

**Position/Title:**

**School District/Organization:**

**Address:**

**City/Town:**

**State:**

**Zip:**

**Business Phone:**

**Email Address:**

**Referred By:**

**Fax: #:**

**Membership Type** - Check one:  New  Renewal



**Yes:** I would like to be listed in the VASPA Membership Directory.

Upon submitting the above form please forward a check or purchase order/invoice for the \$40 membership fee.

Please make your check payable to **VASPA** and send it to:

**Michael Heard, Ph.D.,**  
VASPA Treasurer  
Charlottesville City Schools  
1562 Dairy Road  
Charlottesville, VA 22903

Fax: (434) 245-2603

e-mail: [Michael.Heard@ccs.k12.va.us](mailto:Michael.Heard@ccs.k12.va.us)