



2020-2021 HEMSAA / NAESP Membership Application

Name _____ Position _____
 School _____ School District _____
 School Address _____
 City _____ State HI ZIP _____
 School Phone _____
 School Info Elementary Middle Other
 Public Private Parochial
 Home Address _____ Home Phone _____
 City _____ State HI ZIP _____
 Preferred Address Home School
 Email _____@k12.hi.us or _____

Referred by (Person who introduced you to HEMSAA / NAESP) _____

Double your benefits with membership in both organizations (Required)

HEMSAA Membership (\$90):

Hawaii Elementary and Middle School Administrators Association, the state membership association. Required with all NAESP membership categories listed below

NAESP Membership Options (Choose One):

- Active (\$235)** -- Available to all practicing Principals, Vice Principals, and ACEs, TA VPs, and others employed in professional work related to the elementary and middle-level principalship. Active members receive all benefits and services including the Legal Benefits (\$2 million individual professional liability coverage and up to \$10,000 of liability coverage for job protection defense, based on continuous years of membership.)
- Institutional Active (\$280)** -- Includes all benefits of an Active membership plus a duplicate set of member publications for the institution.
- Active Assistant Principal (\$195)** – Practicing elementary and middle-level assistant principals receive all NAESP benefits and services including the Legal Benefits Program (\$2 million individual professional liability coverage and up to \$10,000 of liability coverage for job protection defense, based on continuous years of membership.)
- Emeritus (\$80)** -- Available to all retired Active members, includes all NAESP programs and services (including \$2 million individual professional liability coverage.)

\$ ____ **Total Amount Due** = \$90 HEMSAA Membership + **Selected NAESP** Membership Option Dues

Method of Payment (Check One):

- Hawaii DOE Purchase Order attached** **Check Enclosed.** Checks Payable to NAESP
 - Charge to:** American Express Discover MasterCard VISA
- Card Number _____ Exp. Date _____
 Signature _____ Billing Address School or Home

Return Application to: membership@naesp.org or Fax 703-549-5568 or mail

NAESP, 1615 Duke St., Alexandria, VA 22314-3483

Note: You will receive service upon payment. Please allow 4-6 weeks for initial receipt of publications. Membership is not transferable. See our website for individual benefits <https://www.naesp.org/membership/membership-benefits>