



PASCD, educators impacting teaching and learning through leadership



PASCD MEMBERSHIP RENEWAL APPLICATION

Last Name		First		M.I.		Mr./Mrs./Dr.	
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CONTACT INFORMATION (PREFERRED ADDRESS FOR MAILINGS)

Street Address					Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
City		State		ZIP		County	
Work Phone			Primary E-mail Address				
Home Phone			Secondary E-mail Address				
Cell Phone			PASCD Region			IU#	

WORK INFORMATION

School Name		District/Organization Name	
Position and/or Title			

TYPE OF MEMBERSHIP REQUESTED ("X" ONE CHOICE)

Regular Member	\$65	Yes <input type="checkbox"/>		
Retired Member	\$26	Yes <input type="checkbox"/>	Retirement Date	
Full Time Student	\$28	Yes <input type="checkbox"/>	College or University	
Institutional Memberships (Same District, IU, college, university or organization)		\$300 – 5 members	Yes <input type="checkbox"/>	
		\$360 – 6 members	Yes <input type="checkbox"/>	
		\$406 – 7 members	Yes <input type="checkbox"/>	
		\$464 – 8 members	Yes <input type="checkbox"/>	
		\$504 – 9 members	Yes <input type="checkbox"/>	
		\$55 each for 10 members of more	Yes <input type="checkbox"/>	No. of members

SUBMISSION

Please complete, print and mail with payment to:

Dr. Jeff Taylor
 PASCD Membership
 116 Droad Lane
 Pittsburgh, PA 15237
 412-367-1392
 taylorj@nhsd.net
 All checks should be made payable to: PASCD