

ELEMENTARY SCHOOL HEADS ASSOCIATION



Membership Application

Date: _____

Member

Title (Mr., Ms., Dr., etc.): ____ Full Name: _____ Nickname/Preferred Name: _____

Email Address: _____ Cell # _____

Have you belonged to ESHA before? ____yes ____no (If yes, when? _____)

Years as a Head of School: _____ Years as Head of current school: _____

Spouse/Partner (if applicable)

Title (Mr., Ms., Dr., etc.): ____ Full Name: _____ Nickname/Preferred Name: _____

Billing Contact

Name: _____ Email Address: _____

School (if applicable)

Name: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Grades Include: _____ Enrollment: _____

Is your school a member of NAIS? Yes ____ No ____

(If no, please name accrediting agency: _____)

Membership Category and Fee

- _____ \$450 Active Member, current head of school, enrollment of 200 or fewer
- _____ \$775 Active Member, current head of school, enrollment of 201-350
- _____ \$925 Active Member, current head of school, enrollment of 352-500
- _____ \$1200 Active Member, current head of school, enrollment of 501 or more
- _____ \$1200 Sustaining Member, option to offer additional support
- _____ \$200 Associate Member, former elementary/middle school head
- _____ \$0 Honorary Member
- _____ I am a retired ESHA member and would like to be considered for Honorary Member

Checks payable to: Elementary School Heads Association, 500 Westover Drive, #4010, Sanford, NC 27330

Providing a colleague network, professional development opportunities, and relevant resources for over 150 heads of elementary schools throughout the US.

www.elementaryschoolheads.org | info@elementaryschoolheads.org | (859- 361-0089)