

HOUSTON ASSOCIATION of SCHOOL ADMINISTRATORS

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2017-2018 HASA MEMBERSHIP APPLICATION FOR PAPERLESS ENROLLMENT by SMARTPHONE or TABLET

Click on the fields shown below and type in the requested information.

Name _____ HISD ID# _____

Referred by (if applicable) _____
NAME OF THE HASA MEMBER WHO REFERRED YOU

Work # _____ HISD E-mail _____@HoustonISD.org

School/Work Location _____

Position _____

Home Address _____

City _____ Zip _____ Home # _____

Home E-mail _____

HASA dues are \$245.00 for the year. Please select one of the choices listed below:

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- _____ One-time deduction of \$245.00
_____ \$24.50 deducted from your paycheck for 10 consecutive paydays
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This form was completed using: iPhone iPad Android phone Android tablet

I agree to join the Houston Association of School Administrators (HASA) for 2017-2018.

TAP HERE to open signature options and sign with your finger or a stylus.

SIGNATURE

DATE

A copy of your submitted application form can be found in your default e-mail INBOX or SENT folder. You will receive an e-mail confirming your membership enrollment within one week of your submission.

Please visit our website at www.HASAHISD.org.

THANK YOU FOR YOUR SUPPORT.