VIRGINIA ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS

Membership Renewal 2025-2026

NAME: _____

POSITION: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY, STATE, ZIP: _____

SCHOOL PHONE: _____

EMAIL ADDRESS: _____

MEMBERSHIP CATEGORY: _____

RETURN BY MAIL or SCAN TO: ekelly@vaesp.com
P.O. Box 15545 Richmond, VA 23230

_____ _____
Credit Card # Expiration Date

_____ _____
Member Signature Date

Active $470
Assistant $430
Institutional $520
Emeritus $159
Associate $269
Aspiring $159