



COUNCIL OF SCHOOL OFFICERS  
AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS,  
LOCAL 4 (AFL-CIO)



**PROFESSIONAL DUES BASIC MEMBERSHIP OR REIMBURSEMENT FORM**

MAXIMUM DUES PAYMENT OR REIMBURSEMENT: \$350

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PROFESSIONAL ORGANIZATION: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEW MEMBER: YES NO MEMBERSHIP NUMBER: \_\_\_\_\_

DUES AMOUNT: \_\_\_\_ REIMBURSEMENT: YES (RECEIPT ATTACHED) NO

PREFERRED ADDRESS: HOME SCHOOL