

Kansas Association of Special Education Administrators
Membership Application
July 1 – June 30

First Name: _____ Last Name: _____

District Number & Name: _____ Region# _____

Position: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

Membership Type & Payment (check or purchase order payable to KASEA)

Administrator
(\$25.00)

Retired
(\$10.00)

Student*
(\$10.00)

*Student membership requires annual verification of status. Student status requires enrollment in a minimum of 6 hours leading to licensure as an administrator or an advanced degree.

Signature of University Trainer

Signature _____ Date _____

Send Payment to: Susan Sipe
USD 232 DeSoto
35200 West 91st
DeSoto, KS 66018