



NASA Membership Application

Options for application for membership:

- Scan and email to: ahendersonnasa@gmail.com for payroll deduct!
- Fill out this form and send with payment via US Mail: NASA, 7121 West Craig Road Ste. 113 #10, Las Vegas, Nevada 89129

Payment options for Administrators or Associate Members selecting this option

- Payroll deduction of \$20.00 per month (\$10.00 per pay period) – check appropriate box below (signature and SSN required)
- A yearly payment of \$240.00 payable by check (US Mail) or credit card on website (www.nasanv.org). **Payment options for Associate Members at the reduced rate without insurance benefits** (*only available to those not in administrative positions*):
- Payroll deduction of \$10.00 per month (\$5.00 per pay period) – check appropriate box below (signature and SSN required)
- A yearly payment of \$120.00 payable by check (US Mail) or credit card on website (www.nasanv.org).
- A yearly payment of \$50.00 for retiree’s payable by check (US Mail) or credit card on website (www.nasanv.org) – no payroll deducts.
- One-time payment of \$250 Lifetime retiree- payable by check (US Mail) or credit card on website (www.nasanv.org)

Name _____ Position _____ Date of Birth _____

Employer _____ Location/School _____

Business Address _____

Email _____

City/State _____ Zip _____

Business Phone (_____) _____

Home or Cell Phone () _____ **Employee ID #**

Membership for Administrators or Associate Members selecting this option

() I hereby authorize a payroll deduction of \$20.00 per month from my salary to be paid to NASA for the purpose of professional dues. I authorize deduction immediately and will continue until the Executive Director is notified in writing of my intention to terminate membership.

Membership for Associate Members at the reduced rate without insurance benefits

() I hereby authorize a payroll deduction of \$10.00 per month from my salary to be paid to NASA for the purpose of professional dues. I authorize deduction immediately and will continue until the Executive Director is notified in writing of my intention to terminate membership.

Signature Authorizing Payroll Deduction _____

() I am enclosing a check for \$50.00 as a retiree and will be invoiced annually at this time each year.

() I will pay the membership fee utilizing the website (www.nasanv.org) and will be invoice each year.

Please assist us in capturing this information to help us best ensure professional development opportunities for all:

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- White or Caucasian
- Multiracial or Biracial
- A race/ethnicity not listed here _____