



**NEW YORK CITY
ELEMENTARY SCHOOL
PRINCIPALS ASSOCIATION**

**40 Rector St FL 12
New York NY 10006-1705
646-660-4883**

IT'S TIME TO RENEW FOR 2018-2019

APPLICATION FOR AUXILIARY MEMBERSHIP

NAME: _____

Address: _____

_____ **ZIP:** _____ **+4** _____

Telephone: (_____) _____

Email Address: _____

Date of Retirement: ____ / ____ / ____ **Dist:** ____ **School:** _____

Enclosed is my check in the amount of \$25.00, payable to NYCESPA for auxiliary membership for the 2018-19 school year. Please send me: (Check one)

_____ Natter Pocket Calendar

_____ NYCESPA pen & pencil set

_____ NYCESPA Power Bank to recharge your cell/other mobile device

N.B. The NYCESPA Newsletter is now sent electronically. A current email is essential.

(Mail this form to NYCESPA, Attn: Stacy Gomez, 40 Rector St. Fl 12 New York NY 10006-1705)