COLLEGE OF ALBERTA
SCHOOL SUPERINTENDENTS

Associate Membership Registration Form
July 1, 2009 - June 30, 2010

Associate members meet CASS qualifications and are within the jurisdiction's collective agreement. All associate members shall have the right to participate in all College activities and to receive College publications but shall not have the right to vote or hold office. Details of qualifications are on the website in the CASS Handbook.

Name: (Last) _____ **(First)** _____

Please Circle One: Dr. Mr. Mrs. Ms.

Address: _____

City/Town: _____ **Prov:** _____ **Postal Code:** _____

Work Ph: _____ **Cell Ph:** _____ **Fax #:** _____

E-mail Address: _____

Jurisdiction: _____ **Zone:** _____

Position Held: _____

I am familiar with the College of Alberta School Superintendents Professional Code of Conduct and Practice Standards as presented on our website at www.cass.ab.ca.

Signature: _____

Enclosed is payment for my 2009/2010 CASS associate membership comprised of fees of: (Please Note – Credit Cards not accepted)

$225.00 plus GST of $11.25 for a total of: $236.25
(GST Number: 10696 7052 RT)

Please return the completed registration form along with your payment to:

Kath Rhyason, Executive Director
College of Alberta School Superintendents
#1200, 9925-109 Street
Edmonton AB T5K 2J8
Email: kath.rhyason@cass.ab.ca

For Office Use Only - Receipt No. _____