



MEMBERSHIP FORM

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NEW YORK STATE ASSOCIATION OF MANAGEMENT ADVOCATES FOR SCHOOL LABOR AFFAIRS

MASLA membership is on a calendar year basis. To join, please complete this form and return to Mark Pettitt by email or US mail (addresses below). Thank you!

I would like to be a member of MASLA. Payment or PO is enclosed; or check box to be invoiced:

- Individual Membership \$40
- Institutional Membership \$75
(up to 3 people from the same employer)

Referred by (if applicable): _____

Member Information

Name / Title _____

Phone _____ Email _____

Employer _____

Address _____

Additional Member(s) Information

Name _____ Name _____

Title _____ Title _____

Phone _____ Phone _____

Email _____ Email _____

For more than 3 members; please complete additional membership forms.

REMIT TO

MASLA
c/o Pettitt, OCM BOCES
PO Box 4754
Syracuse NY 13221-4754

CONTACT INFORMATION

Co-Executive Directors:

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