



Dear Assistant Principal:

Members of AAP will have the letters, “TF” after your name on the address label. Non-members will have the letters, “TX” after their names. If for some reason you are not a member of our Association, please consider the value of joining our ranks. As a new member you will be invited to our fall convention as well as various mini conferences.

If you have any questions contact Sandy DiTrapani at sditrap@schools.nyc.gov or myself at aapexecdir@earthlink.net

Bob Kingsley

EXECUTIVE DIRECTOR

ASSOCIATION OF ASSISTANT PRINCIPALS

(718) 987 5862

(over)

Application Form

The Association of Assistant Principals is the Professional Association that represents Assistant Principals in the elementary and middle schools.

By signing this I am requesting that I become a member of the Association. I understand that dues will be deducted for the Association as well as for CSA.

I will be able to withdraw my membership at any time by notifying CSA.

Signature _____

Print Name _____

File number _____

Current school or site _____

Please complete the membership application and send it to:
Bob Kingsley, 268 London Road, Staten Island, NY 10306