



"QUALITY EDUCATION FOR ALL CHILDREN IN PENNSYLVANIA"

2025-26 ASSOCIATE MEMBER DUES INVOICE

**PLEASE PROVIDE THE FOLLOWING
REQUESTED INFORMATION**

Questions About This Invoice

Contact:
Dr. Joseph Clapper
Asst Ex. Director of PARSS
412-779-1414
HYPERLINK
"mailto:wsites@parss.org"
jclapper@parss.org

Educational Entity Name

IU/CTC Representative:_____

Address:_____

City, State, Zip:_____

Phone: _____

ADDITIONAL INFORMATION – List the current e-mail address for
the District Representative and Administrative Assistant

Educational Entity Rep Email Address_____

Administrative Assistant Name and Email Address

Name_____ Email_____

CHECK ONE

_____**One-Year Membership 2025-26** **\$495**

**Please return a copy of this invoice with your payment. Make check
payable to PARSS and mail to:**

**Dr. Jon Rednak, Financial Officer
PARSS**

**1508 Emerson Drive
Mount Joy, PA 17552**

**Mobile
Email:**

**717-951-3064
jrednak@parss.org**