



**HASA Membership Enrollment
Retirees**

Please send completed form to:

HILLSBOROUGH ASSOCIATION OF SCHOOL ADMINISTRATORS

Kim Huff, Executive Director

HASADirector@gmail.com

813-486-6765

Mail to:

HASA

Kim Huff

701 S. Howard Ave.

Suite 106-510

Tampa, FL 33606

PLEASE PRINT:

DATE: _____

Name: _____

Cell Phone: _____

Address: _____

City, State Zip: _____

Personal Email address: _____

The HASA membership year is July 1st through June 30th

Annual dues for retirees: \$35.00

Please make check payable to: HASA