



Association of Latino Administrators & Superintendents

www.alasedu.org

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ALAS Job Posting Request Form

REQUEST DATE: _____

Job Posting Start Date: _____ Job Application End Date: _____

CONTACT INFORMATION

Company Name _____ Requestor Name _____

Title _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Membership # _____

BILLING INFORMATION

Name on Card _____

Billing Address _____

City _____ State _____ ZIP _____ Email _____

METHOD OF PAYMENT (Select one)

- Check Enclosed: \$ _____ (payable to ALAS, address listed above)
- Bill Me – Invoice me at the address provided above
- Credit Card (MC, VISA, Discover)

JOB DESCRIPTION: Please attach full job posting to the request form in word document

JOB POSTING SELECTION (may select both options)

Option 1: Includes

- Six (6) week posting on ALAS website & ALAS: Leaders in Equity weekly newsletter

- ALAS DUES PAYING MEMBER – FREE
- ALAS SCHOOL DISTRICT MEMBER – FREE
- ALAS INSTITUTIONAL MEMBER – FREE
- ALAS CORPORATE MEMBER – FREE
- ALAS NON- MEMBER - \$200

Option 2: Includes

- Six (6) week posting on ALAS website & ALAS: Leaders in Equity weekly newsletter
- Email to SLA cohort and alumni
- Social Media Push; Facebook and Twitter

- ALAS DUES PAYING MEMBER – FREE
- ALAS SCHOOL DISTRICT MEMBER –FREE
- ALAS INSTITUTIONAL MEMBER – FREE
- ALAS CORPORATE MEMBER – FREE ALAS
- NON- MEMBER - \$250

*Note: Dues Paying Members may only post for the school district where they are employed up to 10 per membership year.

Total: \$ _____