

2018 - 2019 REGULAR MEMBERSHIP APPLICATION



Support! Communities! Representation!

3 MONTHS FREE
April, May & June 2018.

\$2 A DAY (365 days a year) or \$60.83 per month for the remainder of the school year. Restrictions: Individual must not have been a member during the previous 12 months. Must authorize payroll deduction. Standard dues calculations begin July 1, 2019

1. YOUR CONTACT INFORMATION

business/work information

First Name _____ MI _____ Last Name _____

Position/Title _____

Name of School District, if applicable _____

Name of School _____

Work Phone Number _____ Extension _____

Work Email Address _____

Check here if you do not wish to receive ACSA email at your work email.

PROMO CODE: _____

personal information

Home Street Address _____

City _____ State _____ ZIP _____

Home Phone Number _____ Cell Phone Number _____

Opt-in to receive text messages from ACSA.

Personal Email Address **(REQUIRED)** _____

Last Four Digits of Social Security Number _____

Mailing Preference: Home or Work

Check here if you wish to view ACSA publications online only.

2. YOUR PROFILE INFORMATION

(All information remains confidential and is for ACSA purposes only.)

The information requested below will remain confidential and will be used for ACSA purposes only and will not be sold to vendors or any third parties.

year of birth _____ **gender** Male Female **education level** Master's Degree Doctorate

Decline to State **orientation** LGBT Other

ethnicity

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> African American, not of Hispanic origin
<input type="checkbox"/> Japanese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> White, not of Hispanic origin
<input type="checkbox"/> Korean	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Decline to State
	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Filipino	

I want to volunteer and help shape the organization

Did someone refer you to ACSA? If so, tell us who and we'll reward them with a \$25 ACSA Gift Certificate!

Referred by (Please print one name only) _____

3. YOUR JOB CLASSIFICATION

(All information remains confidential and is for ACSA purposes only.)

<input type="checkbox"/> Certificated management and supervisory	<input type="checkbox"/> Professor of Education (Associate Membership optional)
<input type="checkbox"/> Certificated management and teacher (dues based on admin salary)	<input type="checkbox"/> Charter School Administrator
<input type="checkbox"/> Classified management and supervisory	<input type="checkbox"/> Other
<input type="checkbox"/> Confidential as recognized under EERA	
<input type="checkbox"/> CDE or CTC (Associate Membership optional)	

Are you represented by an exclusive bargaining representative?

Yes No

4. ACSA AFFILIATE MEMBERSHIP

Check below to become a member in one of ACSA's official affiliates:

CA Assoc of African American Supt & Admin (CAAASA) - \$500 (Supt) - \$100 (Other Admin)

CA Association of Latino Superintendents & Administrators (CALSA)\$300 (Supt) • \$150 (Other Admin)

National Association of Elementary School Principals (NAESP) \$235

National Association of Secondary School Principals (NASSP)..... \$250

Subtotal Affiliate Dues \$ _____

5. SALARY AND SIGNATURE

\$ _____
Current Annual Salary (REQUIRED)

Check here if you wish to contribute \$200 annually to ACSA's Political Action Committee.*

*Contributions to support ACSA's political activities are not tax deductible. ACSA retains sole discretion over use of member political contributions. Dues may be deductible as business expenses. ACSA estimates that the non-deductible portion of dues allocable to lobbying is 13.3%.



Signature* (REQUIRED FOR PAYROLL DEDUCTION)

* I agree that my dues will be deducted by my payroll office. This authorization shall be in effect until revoked by written notice from myself or ACSA. I consent to the adjustment of such deduction to reflect any change in the dues of which the payroll office may be advised by the organization.

Return completed form to:

ACSA Member Services: 1575 Bayshore Highway, Burlingame, CA 94010. You can fax to 650.437.9189 or email completed application to memberservices@acsa.org

Questions?

Call ACSA Member Services at **800.608.2272** or email memberservices@acsa.org