



2022-2023  
**retired**

Membership  
Application



# retired membership



## Stay connected and make the most of your membership!

As well-seasoned administrators, ACSA's retired community are an extremely valued resource. Your involvement can help shape legislation for currently retired administrators and for all those retiring in the future. ACSA's Retirement Committee is the vehicle for which your specific issues can be heard. Their purpose is:

- To provide leadership, direction, clarification, and understanding of the State Teachers' and Public Employees' Retirement Systems to all ACSA members.
- To plan, provide, and encourage in-service training for administrators in the area of retirement.
- To investigate and to promote legislation that positively impacts or affects members of both systems.
- To encourage the continued participation, involvement, and service of retired ACSA members in the cause of improving education and enhancing community service in California.

**If you wish to learn more about the Retirement Committee's activities, please contact the Committee Chair.**

### "Continue to be a strong voice in support of public education..."

says Robert Lee, past Chair of ACSA's Retirement Committee. "As a retired member, you will be kept abreast of the latest issues in education via ACSA publications and you can lend your experience and expertise to colleagues in the field."

### Emeritus Members

ACSA's Board of Directors has developed a lifetime membership category to honor you, the retired administrator. As an Emeritus Member, you:

- Continue to receive ACSA publications including the *EdCal* weekly newspaper and *Leadership* magazine
- Will be notified of all interim administrator positions
- May serve on the State Retirement Committee
- Continue to participate in ACSA insurance and discount benefits

**In addition, Emeritus Members receive the following enhanced benefits:**

- A special ACSA-branded item denoting Emeritus status
- Free Leadership Summit Registration
- Get connected to educational leaders across the state through ACSA's myriad social media offerings or visit us at [www.acsa.org](http://www.acsa.org)

### Full regular retired members

Continue to receive ACSA publications; may register for the Annual Leadership Summit at a discounted rate; may serve on the State Retirement Committee; will be notified of all interim administrator positions; continue to participate in ACSA insurance and discount benefits.

# return completed form to:

**Association of California School Administrators Member Services Department**  
1575 Bayshore Highway | Burlingame, CA 94010  
Fax 650.437.9189 | Email: [memberservices@acsa.org](mailto:memberservices@acsa.org)

**QUESTIONS?** Call 800.608.ACSA (2272) or email [memberservices@acsa.org](mailto:memberservices@acsa.org)

# 2022-2023 RETIRED MEMBERSHIP APPLICATION

## 2022-2023 dues

Please change my ACSA membership to the following retired member category:\*

- Emeritus** \$700 (One-time fee) or 3 installments of \$233.34 (not offered after September 2022)
- Full Regular Retired** \$125 (Annual Dues /\$10.45 mo.)

**Check here if you wish to contribute \$78 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 percent.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) ( )

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Opt-in to receive text messages from ACSA.

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

Personal Email Address **(Required)** \_\_\_\_\_

Job Title Prior to Retirement \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_

Retirement Date \_\_\_\_\_

SRC: \_\_\_\_\_

## payment options (Please select one)

### Emeritus Membership Payment Options

- Three equal installments** (Enclose first payment. Not offered after September 2022).
- MasterCard/Visa** (Full payment only)  **Check** (Full payment only)

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required for credit card charge) \_\_\_\_\_ Date \_\_\_\_\_

### Full Regular Retired Membership Payment Options

- Monthly deduction from STRS pension\***



#### **Signature** (required for payroll deduction)

\*I authorize ACSA Full Retired dues to be deducted monthly from my CalSTRS pension. This authorization shall be in effect until revoked by written notice from me or from ACSA. I consent to the adjustment of this deduction to reflect any change in annual dues approved by the ACSA Board of which STRS may be advised by ACSA **PLEASE COMPLETE FORM ON NEXT PAGE AND RETURN WITH THIS APPLICATION.**

- MasterCard/Visa**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required for credit card charge) \_\_\_\_\_ Date \_\_\_\_\_

- Check**

*"Retired" is defined as members not currently working in education, but receiving compensation from a state retirement system; also includes members medically disabled. Members wishing to continue their Group/Family life insurances must maintain their ACSA membership.*

Referred by (Please print one name 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

Decline to State

### gender

- Cis-woman  Cis-man  
 Trans-man  Trans-woman  
 Non-Binary  Two spirits  
 Other: \_\_\_\_\_

### orientation

LGB

### education level

- Master's Degree  Doctorate  
 Other

### ethnicity

- American Indian or Alaska Native  
 Chinese  
 Japanese  
 Korean
- Vietnamese  
 Asian Indian  
 Laotian  
 Cambodian  
 Other Asian
- Hawaiian  
 Guamanian  
 Samoan  
 Other Pacific Islander  
 Filipino

- Hispanic or Latino  
 African American, not of Hispanic origin  
 White, not of Hispanic origin  
 Decline to State

### social media

- Facebook  
 Instagram  
 Twitter handle \_\_\_\_\_  
 LinkedIn \_\_\_\_\_

# Warrant Deduction Authorization - CalSTRS Dues & Insurance Deduction Service

MS 0556 rev 04/19

Complete this form to authorize deductions from your monthly benefit payment. Deductions may include dues, health insurance premiums, long-term care premiums, dental insurance premiums and/or any other district-sponsored insurance premiums (hereafter, "Deductions"). These Deductions are not required but are offered as a convenience.

## Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

TYPE OF BENEFIT PAYMENT (retirement, disability, survivor)

( )

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

I hereby authorize the California State Teachers' Retirement System to make those Deductions certified by my third party organization from my monthly benefit and remit such authorized Deductions to my third party organization.

In consideration for the service provided by CalSTRS, and to the fullest extent permitted by law I hereby (for myself, heirs, representatives and estate) waive, release and forever discharge CalSTRS and its board members, officers, advisors, managers, agents and employees from any and all responsibility, claims, causes of action, lawsuits, liability and/or damages which arise out of or are related to, directly or indirectly, the payment or nonpayment of insurance premiums or dues.

I take full and complete responsibility for notifying my third party organization of any change in my status or to make any changes relating to this deduction service.



MEMBER SIGNATURE

DATE (MM/DD/YYYY)

## Section 2: Third Party Organization Information (To be completed by employer/third party organization)

**ACSA**

**000814**

NAME OF THIRD PARTY ORGANIZATION

PLAN CODE(S)

SCHOOL DISTRICT

COUNTY

COUNTY/DISTRICT CODE

PRINT OFFICIAL'S NAME

POSITION TITLE

I hereby certify that I am authorized to legally bind the organization listed herein and that the person designated in Section 1, above, is eligible to continue insurance coverage through the policy maintained by the employer.



OFFICIAL'S SIGNATURE

DATE (MM/DD/YYYY)



MS0556