

2024-2025 ASSOCIATE MEMBERSHIP APPLICATION

Full Name business				home	home Address			
				Address				
District				City	State	ZIP		
School				Area Code + Hom	e Phone Number	Area Code + Cell Phone I	Number	
					☐ Opt-in to receive text messages from ACSA. Preferred Mailing Address: ☐ Home ☐ Work			
Address				-	☐ Check here if you wish to view ACSA publications online only.			
ity State ZIP				job category (please check the category that applies to you).				
Work Phone Number Extension			duties outside ac	 ☐ ACSA members reassigned to the classroom or other duties outside administration. ☐ Individuals who meet credential requirements for 		 Former ACSA members not qualifying under other membership categories. Other individuals approved by the ACSA Board of 		
Work Email Address				qualifying them f	membership, but are not currently employed in a position qualifying them for Regular Membership □ Educational Consultants □ Individuals who are employed part-time under an early □ CDE or CTC Employee			
Personal Email Address (REQUIRED)				☐ Individuals who a				
☐ Check here if you do not wis	sh to receive ACSA email	at your work email.		retirement progra	am.			
				Referred By (Pleas	se print one name only)			
The informati	ion requested belo	w will remain co	nfidential. It will b	e used for ACSA purpose	es only and will not be sold	to vendors or any th	ird parties.	
year of birth		gender Male Franchis		orientati	orientation		education level	
				LGBTO+		☐ Master's Degree ☐ Doctorate		
☐ Decline to State ☐ Trans Male ☐ Trans Female ☐ Non-Binary ☐ Decline to State				□ Yes □ No □	□ Yes □ No □ Decline to State □ Other			
ethnicity						social media	1	
☐ American Indian or	☐ Vietnamese	☐ Hav	waiian	☐ Hispanic or Latino	☐ White, not of	☐ Facebook		
Alaska Native				☐ African American, not	Hispanic origin	☐ Instagram		
☐ Chinese ☐ Japanese	☐ Laotian☐ Cambodian☐	□ Sar	noan er Pacific Islander	of Hispanic origin ☐ MENA (Middle Eastern &	☐ Decline to State	☐ X (Twitter) handle		
☐ Korean	☐ Other Asian	☐ Filip		North African)		LinkedIn		
				payme	nt options			
First Name M.I.				—— □ Payroll di	☐ PAYROLL DEDUCTION			
Last Name				Signature	(required for payroll deduction)		Date	
				I agree that m	y dues will be deducted by my payroll of		effect until revoked by written	
Position/Title					yself or ACSA. I consent to the adjustmer ice may be advised by the organization.	nt of such deduction to reflect ar	y change in the dues of which	
Last Four Digits of Social Security Number				☐ CHECK ENC	CHECK ENCLOSED (FULL PAYMENT ONLY)			
G	Ü			☐ THREE EQU	AL INSTALLMENTS (ENCLOSE F	RST PAYMENT) NOT OFFERE L	AFTER SEPTEMBER, 2024.	
2024-2025 [Dues			☐ MASTERCA	ARD/VISA (FULL PAYMENT ONLY)			
. 0	ine 2025 fiscal yea			Card #			Expiration Date	
•	rated for members		•				F	
■ *Check here if you do				Signature		CVV & ZIP	Date	
*Contributions to support ACSA use of member political contributhe non-deductible portion of d	utions. Dues may be dedu	ıctible as business ex		that A change of e	employment designation to a	administrative or supe	ervisory will require a	

For further details, call Member Services at 800.608.ACSA (2272) Fax 650.437.9189 or email memberservices@acsa.org



ACSA associate members receive:

- Weekly postings of administrative, supervisory, confidential job openings in EdCal and on ACSA's Web site.
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ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS MEMBER SERVICES DEPARTMENT

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