

2024-2025 CEL MEMBERSHIP APPLICATION

\$1 A DAY (365 days a year) or \$30.42 per month for the first school year & \$2 A Day (365 days a year) or \$60.83 per month for the second school year. Restrictions: Individual must not have been a member during the previous 12 months. Standard dues calculations begin July 1, 2026. **SELF-PAY ONLY. INTRODUCTORY OFFER!**

Full Name _____

business

District _____

School _____

Address _____

City _____ State _____ ZIP _____

Work Phone Number _____ Extension _____

Work Email Address _____

Personal Email Address **(REQUIRED)** _____

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

home

Address _____

City _____ State _____ ZIP _____

Area Code + Home Phone Number _____ Area Code + Cell Phone Number _____

Opt-in to receive text messages from ACSA. Preferred Mailing Address: Home Work

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

your job classification

Certificated management and supervisory Professor of Education (Associate Membership optional)

Certificated management and teacher (dues based on admin salary) Charter School Administrator

Classified management and supervisory Other

Confidential as recognized under EERA **Are you represented by an exclusive bargaining representative?**

CDE or CTC (Associate Membership optional) Yes No

Referred By (Please print one name only) _____

The information requested below will remain confidential. It 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

Male Female

Trans Male Trans Female

Non-Binary Decline to State

orientation

LGBTQ+

Yes No Decline to State

education level

Master's Degree Doctorate

Other

ethnicity

American Indian or Alaska Native Vietnamese Hawaiian

Chinese Asian Indian Guamanian

Japanese Laotian Samoan

Korean Cambodian Other Pacific Islander

Filipino

Hispanic or Latino African American, not of Hispanic origin MENA (Middle Eastern & North African)

White, not of Hispanic origin Decline to State

social media

Facebook Instagram X (Twitter) handle _____

LinkedIn _____

Dues prorated for the number of months remaining in the school year for members joining after July, 2024. SRC: _____

Annual salary as of June 30, 2024	\$ _____
Dues calculation	x.0090
ACSA dues amount (maximum \$1,690.56)	\$ _____
ACSA PAC*	+ \$78.00
TOTAL ACSA DUES	\$ _____

*Check here if you do not 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%.

First Name _____ M.I. _____

Last Name _____

Position/Title **(Required)** _____

Last Four Digits of Social Security Number **(Required)** _____

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

CA Assoc. of African American Supts & Administrators (CAAASA) \$500 (Supt) | \$100 (Other Admin)

National Association of Elementary School Principals (NAESP) \$259

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

Subtotal Affiliate Dues \$ _____

Other Affiliates:

For information on CAAPLE or CALSA, please check the box below and someone from CAAPLE or CALSA will contact you.

California Association of Asian & Pacific Islander Leaders in Education (CAAPLE)

California Association of Latino Superintendents and Administrators (CALSA)

For monthly deduction or credit card:

Email this form to memberservices@acsa.org or mail to: ACSA, Attn: Member Services, 1029 J Street, Suite 500, Sacramento, CA 95814

PLEASE SELECT PAY PLAN BELOW:

PAYROLL DEDUCTION

Signature (required for payroll deduction) _____ **Date** _____

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.

if you are a charter school administrator, or your work site is unable to set up payroll deductions, please choose another self-pay option.

CHECK ENCLOSED

MASTERCARD/VISA FULL PAYMENT 3 INSTALLMENTS (Charge 1/3 of total dues)

Note: 3 installments is for member pay only and not offered after 9/30/24.

Card # _____ Expiration Date _____

Signature _____ CVV & ZIP _____ Date _____

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

Membership
Application

CEI
2024-2025

ASSOCIATION OF CALIFORNIA
SCHOOL ADMINISTRATORS



SPECIAL INTRODUCTORY OFFER. \$1 a day until June 30, 2025, & \$2 a day until June 30, 2026.

Join Today!



Don't miss ACSA's Classified Educational Leaders Institute! This two day institute is an opportunity to get together, share information, and learn about current issues and trends. Presenters from various fields of expertise will share strategies and useful techniques to assist in providing students in California with a first-class education.

Connect with us!

Get connected to educational leaders across the state through ACSA's myriad social media offerings or visit **us at www.acsa.org**

**For more information,
visit aca.org/cel institute**

PLACE
STAMP
HERE

**ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS
MEMBER SERVICES DEPARTMENT**
1029 J STREET, SUITE 500
SACRAMENTO, CA 95814