



2024-2025 REGULAR MEMBERSHIP APPLICATION

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
 Certificated management and teacher (dues based on admin salary)
 Classified management and supervisory
 Confidential as recognized under EERA
 CDE or CTC (Associate Membership optional)

Professor of Education (Associate Membership optional)
 Charter School Administrator
 Other

Are you represented by an exclusive bargaining representative?

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
 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
 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, credit card or purchase order:

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

SELECT ONE:

- Member Pay District/County Office Pays

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.

- CHECK ENCLOSED
 BILL DISTRICT MONTHLY

Authorized By _____ **Area Code + Phone Number** _____

- DISTRICT P.O. ATTACHED
 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 Member Services at **800.608.ACSA (2272)**
 Fax **650.437.9189** or email memberservices@acsa.org



Membership Application

regular

2024-2025



Join Today!



Regular membership is available to:

1. California employees in a district or other educational agency designated or functioning as:

- Management employees
- Members of the management team
- Administrators with regular part-time teaching responsibilities
- Confidential employees, classified or certificated supervisory employees

(No person shall be eligible for Regular Membership who is represented by an exclusive bargaining representative, except for certificated supervisory and classified supervisory employees whose positions have previously been designated by the employer as management or who are functioning as management.)

2. Professors of Education

3. Employees of the California Department of Education (CDE) or Commission on Teacher Credentialing (CTC)

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**

PLACE
STAMP
HERE

**ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS
MEMBER SERVICES DEPARTMENT**

1029 J STREET, SUITE 500
SACRAMENTO, CA 95814