



2022-2023

# .select union

Membership  
Application

 ASSOCIATION OF CALIFORNIA  
SCHOOL ADMINISTRATORS

**SPECIAL INTRODUCTORY  
OFFER EXCLUSIVELY FOR:**

BERKELEY USD, FOLSOM-CORDOVA USD, FRESNO USD, LOS ANGELES USD, OAKLAND USD, SACRAMENTO CITY USD,  
SAN DIEGO USD, SAN FRANCISCO USD, SAN JOSE USD, SAN JUAN USD, STOCKTON USD, WEST CONTRA COSTA USD

**\$1 a day until June 30, 2023!**



# why acsa?

The Association of California School Administrators is the driving force for an equitable, world-class education system, and the development and support of inspired educational leaders who meet the diverse needs of all California students.

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## What do I get?

### Support to help you thrive!

- Mentoring
- Equity Project
- Professional and Legal Assistance
- Enhanced Professional Liability Coverage
- Ambassador Program (Connecting you with a seasoned member so you can take advantage of all ACSA has to offer!)

### Cutting Edge Training

- Leadership Summit
- Negotiators' Symposium
- Every Child Counts Symposium
- CEL Institute
- Personnel Institute
- Academies
- Equity Institutes

### Proactive Advocacy

- Increase School Funding
- Protecting Pensions
- State Board and Commission Appointments
- Education Legal Support Fund
- One Voice Initiative

### Relevant Communities

- State and Local Members Only Events
- Equity Networking Events
- Social Media: Facebook and Twitter

### Leadership Opportunities

- Local Charter/Region
- State Committees & Councils
- Special Task Forces

### Not to mention plenty of other tools and resources

- ACSA News
- ACSA App
- Partner4Purpose
- ACSA Resource Hub
- Publications
- Personal Legal Program
- Identity Theft Protection

# 2022-2023 ADMINISTRATORS OF SELECT UNION DISTRICT MEMBERSHIP APPLICATION

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## Support! Communities! Representation!

**\$1 A DAY** (365 days a year) or \$30.42 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, 2023.

### 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.

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

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  LinkedIn  Twitter Handle \_\_\_\_\_

I want to volunteer and help shape the organization

Referred by (Please print one name only) \_\_\_\_\_

### 3. YOUR JOB CLASSIFICATION

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

- 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

### 4. ACSA AFFILIATE MEMBERSHIP

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

- CA Assoc. of African American Superintendents & Administrators (CAAASA) . . . \$500 (Supt) • \$100 (Other Admin)
- National Association of Elementary School Principals (NAESP) . . . \$259
- National Association of Secondary School Principals (NASSP) . . . \$250
- CA Assoc. of Asian & Pacific Islander Leaders in Education (CAAPLE) . . . FREE

**Subtotal Affiliate Dues \$ \_\_\_\_\_**

### 5. YOUR MEMBERSHIP TYPE SELECT ONE (REQUIRED)

#### REGULAR MEMBER:

I would like to join as a full Regular Member with full member benefits. I understand that when the promotion year ends, my dues will be calculated at the standard dues rate.

#### CONSOLIDATED MEMBER:

I am a member of our local administrative union and would like to join at the discounted rate for Consolidated Members. I understand that I would not get to participate in ACSA's legal support program.

### 6. SALARY AND SIGNATURE

\$ \_\_\_\_\_  
**Current Annual Salary (REQUIRED)**

Check here if you do not wish to contribute \$78 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%.

Employee Number (REQUIRED) \_\_\_\_\_

**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

fax **650.437.9189** or email **memberservices@acsa.org**

# questions?

**Contact any of the following representatives for more information:**

**Margarita Cuizon-Armelino**

Senior Director, Member Services  
and Legal Support Team  
mcuizon@acsa.org  
800.608.ACSA

**Return completed form to:**

**ACSA Member Services**

1575 Bayshore Highway  
Burlingame, CA 94010  
or fax to: 650.437.9189  
email: memberservices@acsa.org

at your  
**service!**



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