



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)		
<input type="checkbox"/> 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
<input type="checkbox"/> Opt-in to receive text messages from ACSA.		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
<input type="checkbox"/> Check here if you wish to view ACSA publications online only.		
your job classification		
<input type="checkbox"/> Certificated management and supervisory	<input type="checkbox"/> Professor of Education (Associate Membership optional)	
<input type="checkbox"/> Certificated management and teacher (dues based on admin salary)	<input type="checkbox"/> Charter School Administrator	
<input type="checkbox"/> Classified management and supervisory	<input type="checkbox"/> Other	
<input type="checkbox"/> Confidential as recognized under EERA	Are you represented by an exclusive bargaining representative?	
<input type="checkbox"/> CDE or CTC (Associate Membership optional)	<input type="checkbox"/> Yes <input type="checkbox"/> 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
☐ Other Asian ☐ 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 (CAAAASA) \$500 (Supt) | \$100 (Other Admin)
☐ National Association of Elementary School Principals (NAESP) \$259
☐ National Association of Secondary School Principals (NASPP) \$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
<input type="checkbox"/> DISTRICT P.O. ATTACHED	
<input type="checkbox"/> MASTERCARD/VISA <input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 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



Regular

Membership Application

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