



2024-2025 ASSOCIATE 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.

job category (please check the category that applies to you).

ACSA members reassigned to the classroom or other duties outside administration. Former ACSA members not qualifying under other membership categories.

Individuals who meet credential requirements for membership, but are not currently employed in a position qualifying them for Regular Membership Other individuals approved by the ACSA Board of Directors (please attach explanation).

Educational Consultants Professor of Education (May opt for Associate or Regular Membership)

Individuals who are employed part-time under an early retirement program. CDE or CTC Employee

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

social media
 Facebook
 Instagram
 X (Twitter) handle _____
 LinkedIn _____

orientation
 Hispanic or Latino White, not of Hispanic origin
 African American, not of Hispanic origin Decline to State
 MENA (Middle Eastern & North African)

First Name _____ M.I. _____

Last Name _____

Position/Title **(Required)** _____

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

2024-2025 Dues

\$250 July 2024 – June 2025 fiscal year.
Dues are prorated for members joining after July 2024.

*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%.

payment options

PAYROLL DEDUCTION

CHECK ENCLOSED (FULL PAYMENT ONLY)

THREE EQUAL INSTALLMENTS (ENCLOSE FIRST PAYMENT) **NOT OFFERED AFTER SEPTEMBER, 2024.**

MASTERCARD/VISA (FULL PAYMENT ONLY)

Card # _____ Expiration Date _____

Signature _____ CVV & ZIP _____ Date _____

A change of employment designation to administrative or supervisory will require a change to Regular membership.

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



Membership
Application

associate

2024-2025



ACSA associate members receive:

- Weekly postings of administrative, supervisory, confidential job openings in EdCal and on ACSA's Web site.
- Timely news and practical information through EdCal, ACSA's weekly newspaper, and Leadership, the association's professional magazine, featuring articles by and for school administrators; periodic education research summaries.
- Up-to-the-minute email notifications on State and Federal budget issues that impact K-12 funding.
- Member rates on publications available through ACSA's Administrator's Bookshelf.
- Member rates to attend ACSA's professional development programs, including the Leadership Summit.
- ACSA member benefits including group insurance plans and discount purchasing. **Please visit www.acsa.org.**

Join Today!



PLACE
STAMP
HERE

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

1029 J STREET, SUITE 500
SACRAMENTO, CA 95814