



2025-2026 ASSOCIATE MEMBERSHIP APPLICATION

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		
<input type="checkbox"/> Check here if you do not wish to receive ACSA email at your work email.		

personal information

Home Street Address		
City	State	ZIP
Home Phone Number	Cell Phone Number	
<input type="checkbox"/> Opt-in to receive text messages from ACSA.		
Personal Email Address (REQUIRED)		
Last Four Digits of Social Security Number (REQUIRED)		
Mailing Preference: <input type="checkbox"/> Home or <input type="checkbox"/> Work		
<input type="checkbox"/> Check here if you wish to view ACSA publications online only.		

2. YOUR JOB CLASSIFICATION

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

- ☐ ACSA members reassigned to the classroom or other duties outside administration.
- ☐ Individuals who meet credential requirements for membership, but are not currently employed in a position qualifying them for Regular Membership
- ☐ Educational Consultants
- ☐ Individuals who are employed part-time under an early retirement program.
- ☐ Former ACSA members not qualifying under other membership categories.
- ☐ Other individuals approved by the ACSA Board of Directors (please attach explanation).
- ☐ Professor of Education (May opt for Associate or Regular Membership)
- ☐ CDE or CTC Employee

3. 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

- ☐ Male ☐ Female
- ☐ Trans Male ☐ Trans Female
- ☐ Non-Binary
- ☐ Other _____

orientation

- ☐ LGBTQ+ ☐ No
- ☐ Decline to State

education level

- ☐ Master's Degree ☐ Doctorate
- ☐ Other ☐ Bachelor's

ethnicity

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan | <input type="checkbox"/> African American, not of Hispanic origin |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> MENA (Middle Eastern & North African) | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hispanic or Latino | |
| | <input type="checkbox"/> Guamanian | | |

social media

☐ Facebook ☐ Instagram ☐ LinkedIn ☐ X Handle _____

☐ I want to volunteer and help shape the organization

Referred by **(Please print one name only)**

4. PAYMENT SOURCE AND PLAN: \$250 July 2025 – June 2026 fiscal year. Dues are prorated for members joining after July 2025.

SELF-PAY

☐ ANNUAL BILLING (Invoice to follow)

An invoice for the annual payment will be sent to your email after form submission.

☐ PAYROLL DEDUCTION

Dues deducted from member's pay check and included by employer on a monthly invoice.

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.

☐ 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%.

DISTRICT/COUNTY OFFICE PAYS

☐ ANNUAL BILLING (Invoice to follow)

An invoice for the annual payment will be sent to your district's portal after form submission.

☐ BILL DISTRICT MONTHLY ☐ 10 months ☐ 12 months

Dues paid by employer and included on a monthly invoice.

Authorized By

Email Address

Return completed form to: memberservices@acsa.org or mail to: ACSA, Attn: Member Services, 1029 J Street, Suite 500, Sacramento, CA 95814 **Questions?** Call ACSA Member Services at **800.608.2272** or email memberservices@acsa.org

associate

Membership Application

2025-2026

ASSOCIATION OF CALIFORNIA
SCHOOL ADMINISTRATORS



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