



# 2025-2026 REGULAR 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 <b>(REQUIRED)</b>		
Last Four Digits of Social Security Number <b>(REQUIRED)</b>		
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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Certificated management and supervisory                             | <input type="checkbox"/> Professor of Education<br>(Associate Membership optional) |
| <input type="checkbox"/> Certificated management and teacher<br>(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                               | <b>Are you represented by an exclusive bargaining representative?</b>              |
| <input type="checkbox"/> CDE or CTC (Associate Membership optional)                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                           |

## 3. CHECK BELOW TO JOIN ONE OF ACSA'S OFFICIAL AFFILIATES

- |   |
|---|
| <input type="checkbox"/> CA Assoc. of African American Superintendents & Administrators (CAAASA) . . . . . \$500 (Supt)   \$100 (Other Admin) |
| <input type="checkbox"/> National Association of Elementary School Principals (NAESP) . . . . . \$259   |
| <input type="checkbox"/> 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.

- |   |
|---|
| <input type="checkbox"/> California Association of Asian & Pacific Islander Leaders in Education (CAAPLE) |
| <input type="checkbox"/> California Association of Latino Superintendents and Administrators (CALSA)      |

## 4. 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

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Male       | <input type="checkbox"/> Female       |
| <input type="checkbox"/> Trans Male | <input type="checkbox"/> Trans Female |
| <input type="checkbox"/> Non-Binary |                                       |
| <input type="checkbox"/> Other      | _____                                 |

### orientation

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> LGBTQ+           | <input type="checkbox"/> No |
| <input type="checkbox"/> Decline to State |                             |

### education level

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Doctorate  |
| <input type="checkbox"/> Other           | <input type="checkbox"/> 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

- |  |                                    |                                   |                                   |
|--|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Facebook  | <input type="checkbox"/> Instagram | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> X Handle |
| <input type="checkbox"/> I want to volunteer and help shape the organization |                                    |                                   |                                   |

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

## 5. PAYMENT SOURCE AND PLAN

\$ \_\_\_\_\_

### Annual Salary **(REQUIRED)**

### SELF-PAY

#### ☐ ANNUAL BILLING (Invoice to follow:)

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

#### ☐ PAYROLL DEDUCTION (Invoice to follow:)

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](mailto: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](mailto:memberservices@acsa.org)**

# Regular

Membership Application

2025-2026

ASSOCIATION OF CALIFORNIA  
SCHOOL ADMINISTRATORS



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](http://www.acsa.org)**

PLACE  
STAMP  
HERE

### ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS MEMBER SERVICES DEPARTMENT

1029 J STREET, SUITE 500  
SACRAMENTO, CA 95814