



2025-2026 STUDENT MEMBERSHIP APPLICATION

1. YOUR CONTACT INFORMATION

business/work information

First Name	MI	Last Name
<hr/>		
Position/Title		
<hr/>		
Name of School District, if applicable		
<hr/>		
Name of School		
<hr/>		
Work Phone Number	Extension	
<hr/>		
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		
<hr/>		
City	State	ZIP
<hr/>		
Home Phone Number	Cell Phone Number	
<input type="checkbox"/> Opt-in to receive text messages from ACSA.		
<hr/>		
Personal Email Address (REQUIRED)		
<hr/>		
Last Four Digits of Social Security Number (REQUIRED)		
<hr/>		
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. LIMITATIONS

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

Student members do not have voting privileges, and are not eligible to serve as ACSA officers, directors, or committee members, nor are they eligible for Professional Legal Services. **Qualifying members may remain in the Student category a maximum of four years. Beyond that, a change in membership type and dues will result.**

Please enclose educational administration program enrollment at an accredited California Higher Education Institution.

Date Credential Expected (MM/YY) **(REQUIRED)**

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)

5. PAYMENT SOURCE AND PLAN: \$125 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 (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 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**

student

2025-2026

Membership Application

ASSOCIATION OF CALIFORNIA
SCHOOL ADMINISTRATORS



ACSA student 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.

For more information, 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