

If an increase or decrease is requested and the new total deduction amount (#6) is not filled in by me, it is understood that the increase or decrease will be added or subtracted by ACSA - Region XVI to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases and insurance premium increases for the same basic coverage, may be made at the direction of ACSA - Region XVI, without execution on my part of a new salary deduction authorization card only if ACSA - Region XVI, verifies in writing to the District that blanket notification has been made to its membership of such increase.

I further understand and agree that the Los Angeles City Board of Education or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction or payment herein authorized.

This authorization shall remain in force until cancelled by written notice from ACSA - Region XVI or myself.

Employee Signature (REQUIRED)

Approved by ACSA - Region XVI

Employee No. (REQUIRED)

Date:

Effective Date:

"Contributions or gifts to ACSA are not deductible as charitable contributions for federal income tax purposes."

This salary deduction authorization must be received by the Deduction Control Unit of the Payroll Branch by the first Thursday after your regular payday (not ESA payday) in order to be effective for your next regular payday.

questions?

Call 800.608.ACSA and ask for the Membership department, or send your questions via e-mail to mmagliocco@acsa.org

just a few reasons to join...

- Complimentary \$1,000,000 professional liability insurance coverage.
- Complimentary 1-hour legal consultation on work-related concerns. A \$400 value!
- Specialized continued learning opportunities.
- Networking opportunities through local and statewide sponsored events.
- Access to current job opportunities across the state.
- Policy leadership in Sacramento that includes:
 - Lobbying for more funding
 - Lobbying to reduce paperwork and red tape
 - Leadership in curriculum and instruction



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 132 BURLINGAME, CA

POSTAGE WILL BE PAID BY ADDRESSEE

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

1575 BAYSHORE HIGHWAY
BURLINGAME, CA 94010-9987



2011-12

**consolidated membership application
los angeles usd**

association of california school administrators

at your service



Joe Jones

Assistant Executive Director
Member Services and Professional Standards
800.608.ACSA (2272)
jjones@acsa.org

Angel Barrett

Region 16 Region President, 2009-2010
818.895.2481
abar5@lausd.net

Jack Moscowitz

Region 16 Consultant
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Judy Perez

AALA President
213.484.2226

Rich Malfatti

ACSA Member Services Representative
Region 16
818.991.7599
rmalfatti@acsa.org

2011-2012 consolidated membership application

First Name _____ M.I. _____

Last Name _____

Position/Title _____

Social Security Number _____

District _____

School _____

Address _____

City _____ State _____ Zip _____
()

Work Phone _____ Extension _____

Address _____

City _____ State _____ Zip _____
()

Home Phone _____

Preferred Mailing Address Home School District

()

Preferred Fax _____

Preferred E-mail Address Home Work

your job classification

- Certificated management and supervisory
- Certificated management/teacher
- Classified management and supervisory
- Confidential as recognized under EERA
- Other _____

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.

age Year of Birth _____ Decline to State

gender Male Female

ethnicity

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

los angeles usd 2011-2012 consolidated dues

Dues prorated for th number of months remaining in the school year for members joining after July 2011.

Annual Salary Range: Monthly ACSA Dues:

<input type="checkbox"/> More than \$80,000	\$53.30
<input type="checkbox"/> \$70,000 - \$80,000	\$45.10
<input type="checkbox"/> \$60,000 - \$69,999	\$41.00
<input type="checkbox"/> Less than \$60,000	\$31.15
ACSA PAC*	+\$6.50

*Check if you do not wish to contribute to ACSA's Political Action Committee.

payment method

- Full payment (enclose check)
- Three equal installments (Enclose first payment. Not offered after September 2010.)
- Payroll deduction (LAUSD employees: Sign and return deduction authorization card to ACSA, along with this application.)*
- MasterCard/Visa (full payment only.)

Card Number _____ Expiration Date _____

Signature (REQUIRED) **Date**

LAUSD Employee No. _____

* 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.

Recruited By (Please print one name only) _____

Contributions or gifts to ACSA/ACSA PAC are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as an itemized business expense. ACSA estimates that the non-deductible portion of dues allocable to lobbying is 13.3 percent.

Employee Number _____ Name _____ Last _____ First _____ Middle Initial _____

School or Section _____ Position or Classification _____

Must be filled in before employee signs:
(Only new members fill in line 1)

1. Initial deduction for this organization amount \$ _____

2. Increase my deduction for this organization by \$ _____

3. Decrease my deduction for this organization by \$ _____

4. Present deduction \$ _____

5. Increase or decrease \$ _____

6. New total deduction \$ _____

TO: LOS ANGELES CITY BOARD OF EDUCATION:
You are hereby authorized to make a deduction from my salary ten times a year, in the total amount indicated, for ACSA - Region XVI dues or insurance premiums, and transmit the deduction to ACSA - Region XVI. **(Please sign on reverse of this card.)**

(over)

ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS - REGION XVI
SALARY DEDUCTION AUTHORIZATION CARD

Print Name _____ Last _____ First _____ Middle Initial _____

Number of Deductions = 12

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