



Inspire. Lead. Achieve.

**2018-2019 Regular
Membership Application**

**CLASSIFIED EDUCATIONAL
LEADER SPECIAL
INTRODUCTORY OFFER**

**\$1 a day until June 30, 2019,
Plus \$2 a day in 2019-2020!**

Helping us grow?

**Sponsor a new member
and receive a \$25 ACSA
Certificate AND a chance to
win a \$500 gift card. Each
referral improves your odds!**



why acsa?

Our mission: To be the driving force of education in California and beyond and to ensure the creation of communities of learning and equity that serve both the aspirations of individual students and the greater good of society.

What do I get?

Support to help you thrive!

- Mentoring
- Equity Project
- Professional and Legal Assistance
- Enhanced Professional Liability Coverage
- Ambassador Program (Connecting you with a seasoned member so you can take advantage of all ACSA has to offer!)

Cutting Edge Training

- Leadership Summit
- Negotiators' Symposium
- Every Child Counts Symposium
- CEL Institute
- Personnel Institute
- Academies
- Equity Institutes

Proactive Advocacy

- Increase School Funding
- Protecting Pensions
- State Board and Commission Appointments
- Education Legal Support Fund
- One Voice Initiative

Relevant Communities

- State and Local Members Only Events
- Equity Networking Events
- Social Media: Facebook and Twitter

Leadership Opportunities

- Local Charter/Region
- State Committees & Councils
- Special Task Forces

Not to mention plenty of other tools and resources

- ACSA News
- ACSA App
- Partner4Purpose
- ACSA Resource Hub
- Publications
- Reputation Management
- Personal Legal Program
- Identity Theft Protection

Thank you for helping us grow!

Each recruiter will receive a \$25 ACSA Certificate for every member they sponsor. PLUS, a chance to win a \$500 gift card. The more new members you sponsor the better your chances of winning! Top recruiters will be drawn each quarter. Share the value of ACSA membership and recruit a member today!

State and region staff members are not qualified to win.

2018-2019 REGULAR MEMBERSHIP APPLICATION



Support! Communities! Representation!

\$1 A DAY (365 days a year) or \$30.42 per month for the remainder of the school year, plus \$2 a day for 2019-2020! Restrictions: Individual must not have been a member during the previous 12 months. Must authorize payroll deduction. Standard dues calculations begin July 1, 2020.



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 _____

Check here if you do not wish to receive ACSA email at your work email.

SRC: _____ PROMO CODE: _____

personal information

Home Street Address _____

City _____ State _____ ZIP _____

Home Phone Number _____ Cell Phone Number _____

Opt-in to receive text messages from ACSA.

Personal Email Address **(REQUIRED)** _____

Last Four Digits of Social Security Number _____

Mailing Preference: Home or Work

Check here if you wish to view ACSA publications online only.

2. 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

education level Master's Degree Doctorate Other

orientation LGBT

ethnicity

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

social media

Facebook Instagram Twitter Handle _____

I want to volunteer and help shape the organization

Did someone refer you to ACSA? If so, tell us who and we'll reward them with a \$25 ACSA Gift Certificate!

Referred by (Please print one name only)

3. 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 (Associate Membership optional)
<input type="checkbox"/> Certificated management and teacher (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	Are you represented by an exclusive bargaining representative?
<input type="checkbox"/> CDE or CTC (Associate Membership optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. ACSA AFFILIATE MEMBERSHIP

Check below to become a member in one of ACSA's official affiliates:

CA Assoc. of African American Superintendents & Administrators (CAAASA) ... \$500 (Supt) • \$100 (Other Admin)

CA Association of Latino Superintendents & Administrators (CALSA) \$300 (Supt) • \$150 (Other Admin)

National Association of Elementary School Principals (NAESP) \$235

National Association of Secondary School Principals (NASSP) \$250

Subtotal Affiliate Dues \$ _____

5. SALARY AND SIGNATURE

\$ _____

Current Annual Salary (REQUIRED)

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%.



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.

Return completed form to:

ACSA Member Services: 1575 Bayshore Highway, Burlingame, CA 94010. You can fax to 650.437.9189 or email completed application to memberservices@acsa.org

Questions?

Call ACSA Member Services at 800.608.2272 or email memberservices@acsa.org



at your service!

Contact ACSA Member Services by emailing
memberservices@acsa.org or call 800.608.ACSA (2272)