



# Inspire. Lead. Achieve.

**2018-2019- Consolidated  
Membership Application**

**LOS ANGELES USD SPECIAL  
INTRODUCTORY OFFER**

**\$1 a day until June 30, 2019!**

*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
- 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.**



## Support! Communities! Representation!

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



### 1. YOUR CONTACT INFORMATION

SRC: \_\_\_\_\_ PROMO CODE: \_\_\_\_\_

#### 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.

#### 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

#### orientation

LGBT

#### education level

Master's Degree  Doctorate

Other

#### 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!

\_\_\_\_\_

### 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                            | <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                        |

### 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)
- National Association of Elementary School Principals (NAESP) . . . \$235
- National Association of Secondary School Principals (NAASP) . . . \$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.

Please be sure to complete both sides of the salary deduction authorization card and return with your application.

# Please complete this deduction card and return with application.

Number of Deductions = 12

H-L

Print Name \_\_\_\_\_  
Employee Number \_\_\_\_\_ Last First Middle Initial

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

School or Section	Position or Classification
Must be filled in before employee signs: (Only new members fill in line 1)	May be completed either before or after employee signs:
1. Initial deduction for this organization amount \$ _____	4. Present deduction \$ _____
2. Increase my deduction for this organization by \$ _____	5. Increase or decrease \$ _____
3. Decrease my deduction for this organization by \$ _____	6. New total deduction \$ _____

TO: LOS ANGELES CITY BOARD OF EDUCATION:

You are hereby authorized to make a deduction from my salary twelve 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 and return with application.)**

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 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.

**(Please complete part two of this card on reverse side and return with application).**

# questions?

**Contact any of the following representatives for more information:**

**Margarita Cuizon**

Senior Director, Member Services  
and Legal Support Team  
mcuizon@acsa.org  
800.608.ACSA

**Moohay Choe**

Executive Director, ACSA Region 16  
moohaychoe@gmail.com

**Charlene Lemons-Shivers**

Membership Recruiter  
clemons@acsa.org

**Return completed form to:**

**ACSA Member Services**

1575 Bayshore Highway  
Burlingame, CA 94010  
or fax to: 650.437.9189



# at your service!

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