

2021-2022 ADMINISTRATORS OF SELECT UNION DISTRICT MEMBERSHIP APPLICATION

SPECIAL INTRODUCTORY OFFER EXCLUSIVELY FOR:

BERKELEY USD, FOLSOM-CORDOVA USD, FRESNO USD, LOS ANGELES USD, OAKLAND USD, SACRAMENTO CITY USD,
SAN DIEGO USD, SAN FRANCISCO USD, SAN JOSE USD, SAN JUAN USD, STOCKTON USD, WEST CONTRA COSTA USD

\$1 a day until June 30, 2022!



inspire.
lead.
achieve.



why acsa?

The Association of California School Administrators is the driving force for an equitable, world-class education system, and the development and support of inspired educational leaders who meet the diverse needs of all California students.

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
- Personal Legal Program
- Identity Theft Protection

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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, 2022.

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.		

SRC: _____ PROMO CODE: _____

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 (REQUIRED)		
Last Four Digits of Social Security Number		
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 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

☐ Female ☐ Male
☐ Non-Binary ☐ Decline to State

education level

☐ Master's Degree ☐ Doctorate
☐ Other

orientation

☐ LGBTQ+

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

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:

- | | |
|---|-------|
| <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) | \$235 |
| <input type="checkbox"/> National Association of Secondary School Principals (NASSP) | \$250 |
| <input type="checkbox"/> CA Assoc. of Asian & Pacific Islander Leaders in Education (CAAPLE) | FREE |

Subtotal Affiliate Dues \$ _____

5. YOUR MEMBERSHIP TYPE SELECT ONE (REQUIRED)

☐ REGULAR MEMBER:

I would like to join as a full Regular Member with full member benefits. I understand that when the promotion year ends, my dues will be calculated at the standard dues rate.

☐ CONSOLIDATED MEMBER:

I am a member of our local administrative union and would like to join at the discounted rate for Consolidated Members. I understand that I would not get to participate in ACSA's legal support program.

6. 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%.

Employee Number (REQUIRED)

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

fax **650.437.9189** or email **memberservices@acsa.org**

questions?

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

Margarita Cuizon-Armelino

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

Return completed form to:

ACSA Member Services

1575 Bayshore Highway
Burlingame, CA 94010
or fax to: 650.437.9189
email: memberservices@acsa.org



AT YOUR SERVICE FOR FIFTY YEARS!

For more information, contact ACSA Member Services by emailing
memberservices@acsa.org or call 800.608.ACSA (2272)