



MEMBERSHIP APPLICATION

FOR JULY 1, 2010 – JUNE 30, 2011

MEMBER INFORMATION

MBR# _____

NEW RENEWAL

MAIL TO: SCHOOL HOME

TITLE (Ex: Mr., Ms.) NAME _____ POSITION _____

SCHOOL _____ DISTRICT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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 PHONE _____ FAX _____ E-MAIL ADDRESS _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____

HOME E-MAIL: _____

CATEGORIES OF MEMBERSHIP: 1 ACTIVE 2 GRAD. STUDENT 3 ASSOCIATE 4 RETIRED

DIVISION: 1 SUPERINTENDENT 2 MIDDLE LEVEL 3 HIGHER ED. 4 ELEMENTARY 5 SECONDARY 6 ED. SERVICES

PAYMENT INFORMATION

METHOD OF PAYMENT: DISTRICT P.O. *PAYROLL DEDUCTION (Not applicable after September) PAYMENT ENCLOSED
 (For active members only) (Must join state association)

(ASA) STATE ASSOCIATION DUES

SALARY	ACTIVE DUES	SALARY	ACTIVE DUES
Up to \$50,000.....	\$175.00	\$80,001-\$90,000.....	\$325.00
\$50,001-\$60,000.....	\$205.00	\$90,001-\$100,000.....	\$360.00
\$60,001-\$70,000.....	\$235.00	Over \$100,000.....	\$375.00
\$70,001-\$80,000.....	\$285.00		
ACTIVE (See Salary Dues Schedule Above)	\$ _____		
ASSOCIATE \$90 (Have administrative certificate..... but not currently serving as one)	\$ _____		
RETIRED \$60	\$ _____		
GRAD. STUDENT \$60 (Working towards..... (administrative certificate and not serving as an administrator)	\$ _____		

NATIONAL ASSOCIATION DUES

National Dues Paid Through ASA Provide Benefits for the Association

AASA (Active \$426.00)	\$ _____
(American Association of School Administrators)	
NASSP (Active \$234.00)	\$ _____
(National Association of Secondary School Principals)	
NAESP (Active \$215.00)	\$ _____
(National Association of Elementary School Principals)	
Recruiter _____	

*\$5.00 SERVICE FEE (if applicable) + National + State = AMOUNT DUE \$ _____

SEND A COPY OF THIS APPLICATION TO YOUR PAYROLL OFFICE FOR PAYROLL DEDUCTION

PAYROLL DEDUCTION AUTHORIZATION AGREEMENT

I authorize the Board of Education to deduct dues this year for membership in the ARIZONA SCHOOL ADMINISTRATORS, INC. and such other affiliated professional organizations as indicated on this form, unless I revoke this authorization in writing prior to SEPTEMBER 15th of this school year. If, for any reason excepting death, employment is terminated, any balance remaining shall be deducted from the last pay check.

(If service is available from your district)

YOU MUST BELONG TO STATE FOR THIS METHOD OF PAYMENT

I AUTHORIZE PAYROLL DEDUCTION FOR \$ _____

DATE _____ PRINT NAME _____

PAYROLL DEDUCTION MUST BE PAID IN FULL BY MAY 1, 2011

(Please calculate to finish the last payment before May 1st)

SIGNATURE _____

ASA OFFICE USE ONLY-DO NOT WRITE IN THIS SPACE

APP/CK RECEIVED _____

CK # _____ CK. AMT \$ _____ P.O.# _____ INV # _____ INV. DATE _____ AMOUNT \$ _____

CRITERIA FOR ASA MEMBERSHIP

ACTIVE MEMBERSHIP

Persons who are employed in an administrative or supervisory capacity half time or more, including the Arizona Department of Education and offices of county superintendents of schools.

Persons employed by institutions of higher education, including community colleges, who are engaged half time or more in administrative duties or persons employed in institutions of higher education who are full-time instructional personnel in any college of education.

ASSOCIATE MEMBERSHIP

Persons who hold a current administrative certificate, but are not currently serving in an administrative or a supervisory capacity or College of Education Professors who do not want full benefits.

GRADUATE STUDENT

Students enrolled in the graduate division of a college or university working toward an administrative certificate and not currently serving in an administrative position. Out of state administrators seeking positions in Arizona.

RETIRED MEMBERSHIP

Members who have retired from active duty after achieving normal retirement age.

MEMBERSHIP PRIVILEGES

Only ACTIVE members of the association shall have all benefits: ASA Newsletter, ASA Hotline, view job postings on website, Legal Assistance-must have been a member for at least 6 months, vote, hold office, AD & D Insurance.

Associate, graduate and retired members shall have all the rights and privileges of the association except the right to hold office, to participate in the Legal Assistance Program and to participate in the Accidental Death and Dismemberment Insurance.

INSTRUCTIONS FOR FILLING OUT APPLICATION

PLEASE COMPLETE THE ENTIRE FORM. If your dues are payroll deduction, send a **copy of this form to your payroll office**, and return this form to the ASA office at 1910 W. Washington Street, Phoenix, AZ 85009.

NATIONAL DUES FOR NASSP, NAESP, AND AASA will be collected and transferred through the ASA Office. Choose the appropriate national you want to join. **It must be done every year.** At time of renewal, the national association will bill you directly; however, registration and payment should be sent to ASA for processing.

METHOD OF PAYMENT

DISTRICT PAYMENT — Some districts are budgeted to pay all or part of administrator's dues. Check with your business department and follow district procedures. Send this form to your business office. **This form must be sent to ASA with your P.O. or payment.**

PAYROLL DEDUCTION (make sure service is available from district) — **Add \$5.00 service charge**
This method is only for **active** members and only allowed if you join the state association. **This method is not applicable after September.** Please **sign and send a copy of this form** to your **PAYROLL OFFICE** and mail the original to the ASA Office.

PAYMENT ENCLOSED — Payment in **FULL** by check.

If you have any questions concerning membership, please direct your inquiries to ASA:

Phone: 602.252.0361

Outside Phoenix: 1.800.472.9753

Contributions/gifts to ASA are not deductible as charitable contributions for Federal Income Tax purposes. Dues payments are deductible by members as a business expense.