

Member Contact Information

Name _____ Prefix : Dr. Mr. Ms.
Last First Middle Initial
 Position: _____ Birthday: Month _____ Day _____

Office Contact Information:

District/Organization _____
 School Name (if applicable) _____
 Mailing Address _____

 Phone _____ Email _____

Please circle one: The above is my **district / school** office address and phone.

Home Contact Information:

Mailing Address _____

 Phone _____ Fax _____
 Mobile Phone _____ Email _____

Please respond to the following:

Membership: New Member Renewing Member
 Preferred address for KASA mailings: Office Home
 Preferred email address for KASA e-bulletins: Office Home

Membership Categories: Effective July 1, 2014 through June 30, 2015)

_____ **Active** .003 x annual salary/\$ _____ = \$ _____
 (Designed for school leaders assigned administrative/supervisory duties at the local school or district level; a vocational school administrator; an employee of the Kentucky Department of Education; or an employee of other state education interest groups, commissions and councils.)

_____ **Associate \$60*** (Designed for teachers, librarians, college/university professors, and classified employees of a school district or other education group.) **Ineligible to serve on the board of directors/committees, vote or receive legal funds.*

_____ **Student \$35*** (Designed for educators pursuing administrative certification, but who do not currently hold an administrative position. Must be able to provide documentation verifying enrollment in an administrative certification program.) **Ineligible to serve on the board of directors/committees, vote, receive legal funds or enroll in the liability insurance program.*

_____ **Emeritus \$35*** (Available to retired school administrators not working in schools or education agencies.) **Ineligible to receive legal funds or enroll in the liability insurance program.*

Membership Total \$ _____

Professional Liability Insurance \$55

KASA is proud to offer this service to members; however, it is only available to active or associate members. Must be paid in lump sum and cannot be paid via payroll deduction. Enclose check or credit card information with this application. (Please be advised that the \$55 insurance cost represents the following: \$45 premium; \$5.27 state tax/fee; and \$4.73 KASA administrative fee.)

Professional Liability Total \$ _____

Affiliate Memberships:

As a member of KASA, we encourage you to join any of our affiliate organizations. KASA will submit your membership information and payment to the affiliate no later than the 15th of the following month.

Participation is contingent upon KASA membership.

- _____ KY Association of Educational Supervisors (KAES) \$15
- _____ KY Association of Elementary School Principals (KAESP) \$90
- _____ KY Association of School Business Officials (KASBO) \$10
- _____ KY Counseling Association (KCA) \$40
- _____ KY Directors of Pupil Personnel (KDPP) \$20
- _____ KY School Counselors Association (KSCA) \$25
- _____ KY School Public Relations Association (KYSPRA) \$35
- _____ National Association of Elementary School Principals (NAESP) \$235
- _____ American Association of School Administrators (AASA)
 (Check level below)
 - Active Membership \$441
 - Small School System \$220 (student population less than 350)

Affiliate Membership Total \$ _____

Grand Total \$ _____

TO JOIN KASA

1) Complete this membership form and send with payment (or indicate payment method) to KASA, 152 Consumer Lane, Frankfort, KY 40601
 or
 Fax to (502) 875-4634

2) Complete the online membership form at www.kasa.org.

Payment Method

Check Enclosed for \$ _____

District Purchase Order # _____
 Invoice my school/district for \$ _____

Credit Card

___ Mastercard ___ VISA ___ Discover ___ AMEX
 Card No. _____
 CCV# _____ (3-digit MC/VISA/Discover
 back of card or 4-digit AMEX front of card)
 Exp. Date _____
 Name on Card _____
 Signature _____
 Amount Authorized \$ _____

Automatic Payroll Deduction

I hereby authorize my district payroll officer to deduct my dues amount (\$ _____) as listed in eight equal deductions in accordance with the dues structure defined in KASA's Constitution. KASA will invoice my district for the dues October through May of each year. This authorization is to remain in full force and effect unless revoked by me in writing.

Signature _____

Note: KASA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. KASA estimates that 6 percent of your dues are not deductible because of KASA's lobbying activities on behalf of the membership.

Need additional information about this form? Call the KASA office at (800) 928-KASA or send email to pat@kasa.org or mary@kasa.org.

Need additional information about membership? Call the KASA office at (800) 928-KASA.

How did you hear about KASA?

- _____ Mail from KASA
- _____ At a KASA event
- _____ Word of mouth
- _____ KASA website
- _____ Facebook or Twitter
- _____ Other: _____