



KENTUCKY ASSOCIATION OF SCHOOL ADMINISTRATORS

AND THE CENTER FOR EDUCATION LEADERSHIP

Leadership Focused • Student Centered • Success Driven

2019-20 Membership Application

Kentucky Association of School Administrators

Make your professional investment today!

Member Contact Information

Name _____ Preferred Name: _____

Prefix: Dr. (circle one) Ed.D. Ph.D. Mr. Ms.

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 _____

Which of the following best represents your racial or ethnic heritage? Choose all that apply.

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- Native American or American Indian
- White
- Other _____
- Prefer not to answer

Please respond to the following:

Membership: New Member Renewing Member

Preferred address for KASA mailings: Billing: Home District

Newsletter: Electronic Home District

Membership Categories: (Effective July 1, 2019 through June 30, 2020) See descriptions on reverse

___ **Professional** .003 x annual salary/\$ _____ = \$ _____

___ **Premier*** .005 x annual salary/\$ _____ = \$ _____

___ **Professional Lifetime** .05 x current salary/\$ _____ = \$ _____

___ **Premier Lifetime*** .08 x current salary/\$ _____ = \$ _____

___ **Associate \$69**

___ **Aspiring Leader \$39**

___ **Emeritus \$39**

*Liability insurance included

Membership Total \$ _____

Professional Lifetime, Premier Lifetime, Aspiring Leader, and Emeritus not eligible for payroll deduction.

Professional Liability Insurance \$89

Available to professional, lifetime or associate members; included with premier and premier lifetime. **Must be paid in lump sum and cannot be paid via payroll deduction.** Enclose check or credit card information with this application. (Fee Disclosure: Please be advised the cost represents a \$45 premium, \$8.53 state tax fee, and \$35.47 policy plan management 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 Secondary School Principals (KASSP) \$100

___ KY Directors of Pupil Personnel (KDPP) \$20

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

___ American Association of School Administrators (AASA)

Check level: Active Membership \$460 Small School System \$230 (student population less than 350)

How did you hear about KASA?

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

Affiliate Membership Total \$ _____

Grand Total \$ _____

TO JOIN KASA

A) Complete this membership form and send with payment (or indicate payment method) to KASA, 87 C. Michael Davenport Blvd., Frankfort, KY 40601 or Fax to (502) 875-4634

B) 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 _____

Billing ZIP Code _____

Name on Card _____

Signature _____

Amount Authorized \$ _____

Automatic Payroll Deduction

(Note: not all districts participate)

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 10 percent of your dues are not deductible because of KASA's lobbying activities on behalf of the membership.

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



Membership Categories

Professional- .003 x annual salary per year (Pre-existing “regular” active membership category)

School leader assigned administrative/supervisory duties at the local school or district level; a vocational school administrator; an employee of a university or college who trains teachers and administrators; an employee of the Kentucky Department of Education; or an employee of other state education interest groups, commissions, and councils

1. Legal assistance funds ranging from \$1500 to \$3000 per qualifying incident (increases \$100 each consecutive year of membership)
2. Optional liability insurance available

Premier- .005 x annual salary per year

1. Legal assistance funds ranging from \$2,000 to \$5,000 per qualifying incident (increases \$200 per year of membership)
2. Direct representation in matters before EPSB and OEA, including hearings
3. Professional liability insurance *included*
4. Reward for longevity- 50% dues discount after every fifth consecutive year you are a member (year six, 11, 16, etc.) *No rebate if legal funds are accessed during the previous five years*
5. Exclusive Premier membership item

Professional Lifetime – one-time payment of .05 x current salary (must be paid in lump sum)

1. Professional membership provided for remainder of career, unless a break in service occurs
2. Optional liability insurance available

Premier Lifetime- one-time payment of .08 x current salary (must be paid in lump sum)

1. Premier membership provided for remainder of career, unless a break in service occurs

Associate- \$69 per year

Teacher, librarian, college/university professor, a classified employee of a school, school district or other education group

Aspiring Leader- \$39 per year for students

Educator actively pursuing administrative certification, but not currently holding an administrative position

Emeritus- \$39 per year

Active KASA member who is retired/retiring from service and will not be employed by a public school district or education agency