

Member Contact Information

Name _____ Preferred Name: _____

Last First Middle Initial

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.

- | | |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Native American or American Indian | |

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, 2021 through June 30, 2022) 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 \$470 Small School System \$235 (student population less than 350)

How did you hear about KASA?

- ____ Mail from KASA
 ____ At a KASA event
 ____ Word of mouth
 ____ KASA website/social media
 ____ From a KASA Ambassador
 ____ Other: _____

Affiliate Membership Total \$ _____

Grand Total \$ _____

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

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, October through May of each year.

 Signature

Note: Membership automatically renews each year unless written cancellation request received for membership termination. For cancellations that occur during the membership year, member will be invoiced at the portion of the year in which benefits were received.

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.

KENTUCKY ASSOCIATION OF SCHOOL ADMINISTRATORS

SERVING KENTUCKY SCHOOL ADMINISTRATORS SINCE 1969



WHO WE ARE MORE THAN 3,100 MEMBERS

KASA is Kentucky's largest and most diverse organization of public school leaders. With **more than 3,100 members from every public-school district in Kentucky**, representing every role and level of school and district leadership, KASA's advocacy efforts reflect a **deep and broad understanding of educational practice and policy** in the P-12 context.

MEMBERSHIP BENEFITS



Representation in State Government/Advocacy

Year-round advocacy efforts & lobbyist team



Unlimited access to legal counsel from KASA's attorney

Legal assistance funds

Additional low-cost liability insurance available



Network of over 3,100 education leaders

Scholarship, award and recognition programs

Committee leadership and engagement opportunities



Professional Learning Opportunities

Discounted Leadership development events

Written just-in-time articles and publications

Professional

Dues: .003 * annual salary per year

Who: School leaders assigned administrative/supervisory duties (school or district level), CTE administrators, KDE employees, University employees who train teachers/admin

Benefits:

- Representation in State Government/Advocacy
- Network of over 3,100 administrators
- Free & Discounted Leadership Development Opportunities
- Scholarship, award and recognition programs
- Unlimited access to legal counsel from KASA's attorney
- Special interest publications and e-communications
- Legal assistance funds up to \$3,000 per qualifying incident

***Lifetime membership available at a rate of .05*annual salary (one-time, lump sum payment)

Premier

Dues: .005 * annual salary per year

Who: School leaders assigned administrative/supervisory duties (school or district level), CTE administrators, KDE employees, University employees who train teachers/admin

Benefits:

- All benefits listed under Professional membership
- Professional Liability insurance of \$1 million
- Legal assistance funds up to \$5,000 per qualifying incident
- Exclusive, high quality KASA branded item
- Exclusive opportunities through-out the year at events such as red-carpet registration, meal invitations, and more.

***Lifetime membership available at a rate of .08*annual salary (one-time, lump sum payment)

Associate

Dues: \$69

Who: Teachers, Media Specialists, Librarians, professors, classified school/district employees

Benefits:

- Representation in State Government/Advocacy
- Network of over 3,100 administrators
- Low cost professional liability insurance option
- Scholarship, award and recognition programs
- Special interest publications & E-communications

Emeritus

Dues: \$39

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

Benefits:

- Representation in State Government/Advocacy
- Network of over 3,100 administrators
- Committee leadership and engagement opportunities
- Special interest publications & E-Communications

Aspiring Leader

Dues: \$39

Who: Educators actively pursuing administrative certificate, but not currently holding an administrative position

Benefits:

- Representation in State Government/Advocacy
- Network of over 3,100 administrators
- Low cost professional liability insurance option
- Scholarship, award and recognition programs
- Special interest publications & E-Communications