



Membership Renewal 2026-2027

School Name:

Diocese:

Administrator Name:

Title:

School Address:

Zip code:

City:

Email:

Phone:

Years Active:

Institution Configuration (P-12, 6-12, 7-12, 8-12, or 9-12) **CIRCLE ONE**

Enrollment

Under 400	\$450	<input type="checkbox"/>
401- 800	\$700	<input type="checkbox"/>
801-1000	\$900	<input type="checkbox"/>
Over 1000	\$1850	<input type="checkbox"/>

2026-2027 Membership Dues: \$ _____

Membership Add-Ons

Additional School Leaders: \$30 each

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Donation to the membership fund for schools in need of assistance: \$ _____

GRAND TOTAL

Total Membership fee = DUES + membership add-ons \$ _____

Complete this form and send it with payment to:

CSAANYNS, PO Box 5263, Halfmoon, NY 12065

For questions, e mail: csaanys@twc.com or call: 518-280-9807

To pay by credit card, please call Carol