CSAANYS

2026-2027 Membership & Renewal Form

Catholic School Administrators Association of New York State

1. SCHOOL & ADMINISTRATOR INFORMATION

School Name: _____ **Diocese:** _____

Administrator: _____ **Title:** _____

Address: _____ **Years Active:** _____

City: _____ **Zip Code:** _____ **Email:** _____

Phone: _____

Enter your school's configuration and enrollment details below to determine your dues rate tier.

2. CONFIGURATION & MEMBERSHIP DUES TIERS

Elementary / Standard Configuration:
Write config (e.g., PK-5, N-6):
_____

Institution Configuration (Secondary):
Select/circle one:
☐ P-12 ☐ 6-12 ☐ 7-12 ☐ 8-12 ☐ 9-12

ELEMENTARY / STANDARD RATES

Students	Rate	Your Enrollment
1-100	$180	
101-200	$260	
201-300	$335	
301-400	$425	
401-600	$535	
Over 600	$675	

SECONDARY / HIGH SCHOOL RATES

Students	Rate	Your Enrollment
Under 400	$450	
401-800	$700	
801-1000	$900	
Over 1000	$1850	

Enter the applicable rate in Section 4 below.

3. MEMBERSHIP ADD-ONS (OPTIONAL)

☐ **Additional School Leaders: $30 each**

1. Name: _____ **Email Address:** _____

2. Name: _____ **Email Address:** _____

3. Name: _____ **Email Address:** _____

4. FEE CALCULATION & TOTAL DUE

2026-2027 Membership Dues (from tables above): $ _____

Membership Add-Ons (Number of Additional Leaders x $30): $ _____

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

GRAND TOTAL (Dues + Add-Ons + Donation): $ _____

Payment Instructions:
- **By Mail:** Complete form and send with check payable to CSAANYS to:
  CSAANYS | PO Box 5263 | Halfmoon, NY 12065

Credit Card & Contact Information:
- **By Credit Card:** Please call Carol at **518-371-2967** to process payment.
- **Questions / Support:** Email: **csaanys@outlook.com** | Phone: **518-371-2967**