

CATHOLIC SCHOOL ADMINISTRATORS ASSOCIATION OF NYS

PO BOX 5263, HALFMOON, NY 12065

csaanysoffice@twc.com

(518) 280-9807

www.csaanys.org

2024-2025 MEMBERSHIP INVOICE

CONTACT

TITLE (CIRCLE ONE): PRINCIPAL PRESIDENT OTHER

NAME: _____

EMAIL: _____

NEW: YES __ OR NO __

PHONE NUMBER: _____

FAX NUMBER: _____

WEBSITE: _____

DIOCESE: _____

LOCATION

SCHOOL NAME: _____

STREET: _____

CITY, ZIP: _____

POPULATION

GRADES (EXAMPLE K-5): _____

2023-2024 BEDS TOTAL: _____

ENROLLMENT RANGE: (CIRCLE UPDATED ENROLLMENT RANGE BELOW.)

1-101 STUDENTS (\$175/YR)

102-200 STUDENTS (\$250/YR)

201-300 STUDENTS (\$325/YR)

301-400 STUDENTS (\$425/YR)

401-600 STUDENTS (\$525/YR)

601-800 STUDENTS (\$675/YR)

801-1000 STUDENTS (\$875/YR)

1001-2400 STUDENTS (\$1200/YR)

2401+ STUDENTS (\$2125/YR)

MEMBERSHIP RATE*: \$ _____

**RATE SHOULD CORRESPOND WITH ENROLLMENT RANGE. FOR EXAMPLE, IF ENROLLMENT RANGE IS 1-101 STUDENTS, THEN MEMBERSHIP RATE IS \$175/YR. IF INCORRECT, COMPLETE UPDATED MEMBERSHIP RATE BELOW.*

ADDITIONAL MEMBERSHIPS: (ASSISTANT PRINCIPAL, VICE PRESIDENT)

FIRST ADDITIONAL MEMBER (\$15/YR): _____

NAME & EMAIL: _____

SECOND ADDITIONAL MEMBER (\$30/YR): _____

NAME & EMAIL: _____

PUBLICATIONS: (SELECT FORMAT)

EMAILED PDFS (\$80) _____

MAILED USB JUMP DRIVE (\$100) _____

TOTAL DUE (MEMBERSHIP RATE + ADDITIONAL MEMBERS + PUBLICATIONS): \$ _____

PAY BY CHECK: PRINT COMPLETED FORM & MAIL WITH A CHECK MADE TO CSAANYS - PO BOX 5263, HALFMOON, NY 12065.

CSAANYS – SUPPORTING LEADERS FOR 52 YEARS