



Catholic School Administrators Association of New York State 2026-2027 Membership Form

School Name:

Diocese:

Administrator:

Title:

Address:

City:

Zip Code:

Email:

Phone:

1. Please write in your school's configuration (PK-5, N-6, etc.) _____
2. Please write your school's total enrollment next to the corresponding row.

Number of Students	Membership Rate	Total Enrollment
1-100	\$180	
101- 200	\$260	
201-300	\$335	
301-400	\$425	
401-600	\$535	
Over 600	\$675	

3. Please write the rate associated with your enrollment on the line below:

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 \$ _____

Please mail this form and a check to: CSAANYYS, PO BOX 5263, Halfmoon, NY 12065

To pay by credit card please call 518-280-9807

