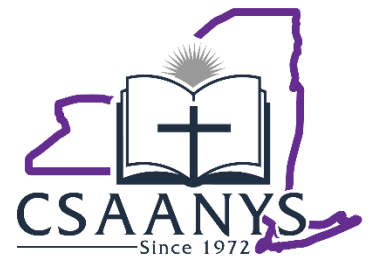


CATHOLIC SCHOOL ADMINISTRATORS ASSOCIATION OF NYS
 PO BOX 5263, HALFMOON, NY 12065
 (518) 280-9807, csaanysoffice@twc.com
www.csaanys.org



2023-2024 MEMBERSHIP INVOICE

SCHOOL DATA

SCHOOL NAME: _____

CITY, ZIP: _____

WEBSITE: _____

DIOCESE: _____

2022-2023 BEDS TOTAL: _____

GRADES (EXAMPLE K-5): _____

CONFERENCE ROOM AVAILABLE TO SCHEDULE EVENTS:

YES _____ NO _____

ADMINISTRATION/CONTACT INFORMATION ✓

TITLE: PRINCIPAL _____ PRESIDENT _____

NEW: YES _____ NO _____

NAME: _____

EMAIL: _____

PHONE NUMBER: _____

CSAANYS is looking to create a network of specialists.

What areas do you pride yourself an expert?

A. MEMBERSHIP RATE

(SELECT STUDENT ENROLLMENT RANGE BELOW) ✓

1-101 STUDENTS (\$175/YR) _____ 401-600 STUDENTS (\$525/YR) _____

102-200 STUDENTS (\$250/YR) _____ 601-800 STUDENTS (\$675/YR) _____

201-300 STUDENTS (\$325/YR) _____ 801-1000 STUDENTS (\$875/YR) _____

301-400 STUDENTS (\$425/YR) _____ 1001-2400 STUDENTS (\$1200/YR) _____

2401+ STUDENTS (\$2125/YR) _____

B. MEMBERSHIP ADD-ONS

ADDITIONAL MEMBERSHIPS (President, Assistant Principal, Vice President, etc.) ✓

First Additional Member (\$15/YR): _____

NAME : _____ EMAIL: _____

Second Additional Member (\$30/YR): _____

NAME: _____ EMAIL: _____

Third Additional Member (\$45/YR): _____

NAME: _____ EMAIL: _____

C. PUBLICATIONS

(select format) emailed pdfs (\$80) _____ cd (\$100) _____

TOTAL DUE = (A+B+C)

\$ _____

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