



Membership Application
July 1, 2021 – June 30, 2022

MEMBER INFORMATION

Full Name: _____

Title: _____

School District: _____

Educational Institution: _____

Address: _____

City: _____ State: **CT** Zip: _____

Phone: _____ Email: _____

MEMBERSHIP CATEGORIES (choose one)

Dues Paying

\$ 100 Superintendents

\$50 Principal; Assistant Principal; College Personnel; Educational Professionals; and Retired Administrators

For districts registering more than three (3) administrators, General Membership dues are as follows:

Number of District Administrators	Cost Per Administrator
3-5	\$40
6-20	\$35
21-50	\$30
50+	\$25

Annual Associate Membership dues shall be thirty-five dollars (\$35.00).

Annual Affiliate/Business Partner Membership will be as follows:

Platinum Annual Affiliate/Business Partner \$3,000.00

Gold Annual Affiliate/Business Partner \$1,500.00

Silver Annual Affiliate/Business Partner \$1,000.00

Bronze Annual Affiliate/Business Partner \$500.00



Eligible individuals may choose to maintain only a General Membership but will not be able to market or promote their business through any CALAS-sponsored event unless they are Affiliate/Business Partner Members.

Annual Affiliate/State and National Educational Associations Membership shall be \$250.00 for up to (6) specified members of the following groups, and any such other groups as the Board of Directors may deem "Affiliates": American Association of School Administrators, Connecticut Association of Boards of Education, Connecticut Association of Schools, Connecticut Association of Public School Superintendents, Connecticut Association of School Administrators, Connecticut Association of Latinos in Higher Education.

METHOD OF PAYMENT

Check Enclosed: \$ _____ (payable to CALAS)

Please submit completed application and payment to: CALAS

***49 Edgerton Street
East Hampton, CT 06424
calasedu@gmail.com
Thank you for your support.***