



**3 Select the CASE department that best fits your role:**

- Colorado Association of Superintendents and Senior Administrators (CASSA)**
  - Superintendents
  - Assistant Superintendents
  - Other senior administrators
- Colorado Association of Secondary School Principals (CASSP)**
  - Middle and High School Principals and Assistant Principals
  - District-Level Administrators serving Middle or High Schools
- Colorado Association of Elementary School Principals (CAESP)**
  - Elementary School Principals and Assistant Principals
  - District-Level Administrators serving Elementary Schools
- Department of Business Officials (DBO)**
  - Chief Financial Officers
  - Finance Managers
  - Other school or district business administrators
- Colorado Association of School Personnel Administrators (CASPA)**
  - Human Resources Administrators
  - Personnel Directors
- Colorado Association of Educational Specialists (CAES)**
  - Curriculum, assessment, and instructional administrators
  - Special education administrators
  - Communications officers
  - Staff development professionals
- Colorado Association of Leaders in Educational Technology (CALET)**
  - Chief Technology Officers
  - Chief Information Officers
  - Other educational technology leaders

**5 Select one option for dues payment:**

- ANNUAL PAYMENT**
  - Check:** Please return this form along with your check to the address at the bottom of this page.
  - Credit Card:** Please call CASE at 303.762.8762 to share payment information or fill out section 7 of this form and submit by mail or fax to 303.762.8697. Do not email this information.
- MONTHLY PAYMENT**

CASE will notify me of any dues or membership changes and will automatically renew my membership on an annual basis. Please read, sign and date the following.

  - Payroll deduction:** Please submit a copy of this form to your district and to CASE. You can email this form to case@co-case.org or mail it to the address at the bottom of this page. I agree that I will pay my CASE dues in **10 equal installments**. The deductions will appear on my pay stub, and this will serve as my receipt from CASE.
  - Credit Card:** Please call CASE at 303.762.8762 to share payment information or fill out section 7 of this form and submit by mail or fax to 303.762.8697. Do not email this information. I agree that I will pay my CASE dues in **10 equal installments**. CASE will charge my credit card no later than the tenth calendar day of each month. The charges will appear on my credit card statement, and this will serve as my receipt from CASE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**8 Please read and sign the following:**

The CASE membership year is from September 1 through August 31. I understand that no dues refunds will be granted and that the balance for the remainder of the membership year must be paid if I should cancel my CASE membership for any reason. Any cancellation requests must be submitted in writing to case@co-case.org.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**4 NATIONAL MEMBERSHIPS:**

You may also join a national association through CASE. Please note that national association membership has an additional fee. CASE receives a rebate for each national membership that we submit, which helps to supplement your CASE member benefits.

- American Association of School Administrators (AASA)**
  - Active: \$460/yr (\$46.00/mo)
  - Small School Sup.: \$230/yr (\$23/mo)
  - Retirees: \$77/yr
- National Association of Elementary School Principals (NAESP)**
  - Active: \$235/yr (\$23.50/mo)
  - Asst. Principals: \$195/yr (\$19.50/mo)
  - Emeritus/Retirees: \$80/yr
- National Association of Secondary School Principals (NASSP)**
  - \$250/yr (\$25.00/mo)
  - Retirees: \$50/yr

**6 Dues Amounts**

CASE Dues: \_\_\_\_\_

National Dues: \_\_\_\_\_

TOTAL DUES: \_\_\_\_\_

**7 To charge your credit card, please fill out the following:**

- VISA       MASTERCARD
- DISCOVER     AMEX

AMOUNT TO CHARGE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

BILLING STREET ADDRESS \_\_\_\_\_

BILLING CITY, STATE, ZIP \_\_\_\_\_