

Membership:

SAANYS Membership Application 2019-20

www.saanys.org • Phone: (518) 782-0600 • Fax: (518) 782-9552

___ Dr. ___ Mr. ___ Mrs. ___ Ms.

This form may be downloaded at saanys.org or scanned and returned via email renewals@saanys.org.

Name and Address:

Title/Position:

Please indicate number of years in current title: ___

New Member: Yes No

School Name:

If Bargaining Unit Member, Check: ___

School District in Which You Reside:

Work Phone:

Home Phone:

Cell:

E-Mail:

Mail Preference: ___ Home ___ School

Date of Birth: ___ Gender: ___ M ___ F

MEMBERSHIP DUES for the period of September 1, 2019-August 31, 2020.

REGULAR Category: Calculated at .006 x annual salary.

NOTE: MINIMUM DUES \$250 • MAXIMUM DUES \$600

SALARY FOR MEMBERSHIP YEAR \$ _____ x .006 = \$ _____

___ Check/Money Order – Full payment enclosed. ___ Purchase Order – School district will forward payment.

To pay by credit card, please visit www.saanys.org/join-now. You may also join by calling the SAANYS Membership Department at 518-782-0600.

OPTIONS

MEMBER IS RESPONSIBLE FOR ALL PRE-PRINTED OPTIONS UNLESS AN ITEM IS CROSSED OFF.

~~\$250.00~~ — NASSP _____ \$ _____

~~\$235.00~~ — NAESP / ~~\$195.00~~ — Asst. Principal NAESP dues _____ \$ _____

~~SAANYS PAC — suggested minimum voluntary contribution (cross out and indicate preferred amount, if desired)~~ _____ \$ _____

~~\$10,000 life insurance benefit (Regular and Retired, Active and Affiliate members only)~~ _____ \$ _____ included

INSURANCE OPTIONS: (Available to Regular and Retired, Active and Affiliate members only)

\$5,000 benefit (current participants or currently under age 60)\$30.00/yr. \$ _____

\$10,000 benefit (current participant currently under age 55)\$54.00/yr. \$ _____

\$20,000 benefit (current participant currently under age 45)\$80.00/yr. \$ _____

TOTAL DUES AND OPTIONS \$ _____

METHOD OF PAYMENT

___ Check/Money Order – Full payment enclosed. ___ Purchase Order – School district will forward payment.

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___ Payroll Deduction (if available) – **YOU MUST SIGN AND DATE THE AUTHORIZATION BELOW.**

I hereby authorize my school district to deduct the above SAANYS dues and options from my payroll and submit them to SAANYS on my behalf.

(Signature of Member)

(Date Signed)

PLEASE NOTE: Membership dues are not deductible as charitable contributions for income tax purposes.

Dues may be considered ordinary and necessary business deductions.

Please make a copy for your records and return a copy to SAANYS, 8 Airport Park Blvd., Latham, NY 12110 or email: renewals@saanys.org.

MEMBERSHIP APPLICATION INSTRUCTIONS

GENERAL

- **PERSONAL AND SCHOOL INFORMATION:** Check and correct any preprinted information (renewals); complete for new applications.
- **MEMBERSHIP TYPE:** Check *Regular* if you are an administrator (not retired); see below for other category options.
- **E-MAIL:** Important – Please supply a clearly written e-mail address. The most efficient and effective way to reach members for benefits, updates, and legislative alerts is via e-mail.
- **SALARY AND DUES:** Regular Members – Enter total annual salary and calculate dues (.006 x annual salary); see below for other category options. PLEASE NOTE: minimum dues for regular members is \$250; maximum dues is \$600, regardless of salary.
- **SAANYSPAC:** *formerly known as ELPAC* – Contributions allow SAANYS and other educational associations to effectively pursue legislative initiatives in New York State. Membership dues paid to SAANYS, a non-profit organization, cannot be used to support direct political initiatives; therefore, ELPAC was created. The SAANYS Board of Directors has set \$35.00 as the recommended voluntary contribution for all members. If you wish to change this amount, please strike the preprinted contribution and add your corrected amount.
- **METHOD OF PAYMENT:** Check your chosen method of payment. COMPLETE THE PAYROLL DEDUCTION AUTHORIZATION or the MasterCard/Visa authorization if you have chosen either option for payment of your dues.

Please make a copy for your records. Return both the white and yellow copies (along with a check when appropriate) to the membership coordinator for your unit, or if none, return both directly to SAANYS at:

**School Administrators Association of New York State
8 Airport Park Blvd., Latham, NY 12110**

SAANYS will make sure your payroll authorization is returned to the appropriate party in your unit or district.

OTHER SAANYS MEMBERSHIP CATEGORIES

- RETIRED ACTIVE:**
- **Must** be chosen immediately upon retirement; **can** be maintained in retirement
 - **Includes** non-contributory \$10,000 life insurance benefit; **can** continue any optional insurance benefits at standard cost
 - **Legal** coverage for job-related issues
 - **NYSRTA** membership voucher
- RETIRED AFFILIATE:**
- **Must** be chosen immediately upon retirement or from Retired Active
 - **Includes** non-contributory \$10,000 life insurance benefit; **can** continue any optional insurance benefits at standard cost
 - **NYSRTA** membership voucher
- RETIRED ASSOCIATE:** **Life insurance benefit NOT included**
- Optional insurance benefits NOT available. Participation in policies directly from SAANYS partners may be available.

NOTE: Retired Affiliate and Retired Associate members CANNOT upgrade to categories with more benefits.

OTHER ASSOCIATE MEMBERSHIPS: NO LIFE INSURANCE BENEFITS INCLUDED.

- **PROFESSIONAL:** Open to professionals in the education field who are not eligible for regular membership
- **GRADUATE:** Educators enrolled in a recognized school administration preparation program NOT available for bargaining unit members.
- **LIBRARY:** Any library with interest in SAANYS publications.

OPTIONAL INSURANCE**

OPEN ONLY TO REGULAR, RETIRED ACTIVE, AND RETIRED AFFILIATE MEMBERS THAT CARRIED OPTIONAL INSURANCE INTO RETIREMENT.

\$5,000 Coverage – \$30.00 <i>Eligibility</i>	\$10,000 Coverage – \$54.00 <i>Eligibility</i>	\$20,000 Coverage – \$80.00 <i>Eligibility</i>
Members with a rate preprinted on item line which indicates current plan participation. -or- <i>New Participants under age 60*</i>	Members with a rate preprinted on item line which indicates current plan participation. -or- <i>New Participants under age 55*</i>	Members with a rate preprinted on item line which indicates current plan participation. -or- <i>New Participants under age 45*</i>
<ul style="list-style-type: none"> • Guaranteed issue – no medical restrictions • Rates remain level • Benefit reduction at age 65 & 70 • Coverage at 50% reduction age 70 & beyond 	<ul style="list-style-type: none"> • Guaranteed issue – no medical restrictions • Rates remain level • Benefit reduction at age 65 & 70 • Coverage at 50% reduction age 70 & beyond 	<ul style="list-style-type: none"> • Guaranteed issue – no medical restrictions • Rates remain level • Benefit reduction at age 65 & 70 • Coverage at 50% reduction age 70 & beyond

**Must be currently employed in education or actively working with educators. Depending on age, multiple optional insurance plans are available.*

*** Rates include premiums paid by SAANYS and benefit administration fees.*

PLEASE NOTE: If choosing either the \$20,000, \$10,000, or \$5,000 coverage for the first time (if rate is not preprinted on your membership application form), you **WILL RECEIVE** an enrollment card to be completed as required by insurance providers.