

School Administrators Association of New York State Membership Application

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

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

2016-17

Membership ID#:

Prefix: _____ Dr. _____ Mr. _____ Mrs. _____ Ms.

New Members only:
please give current position start date:

Title/Position:

Name:
Home Address:

If Bargaining Unit Member, Check: _____

School Name: _____ School Address: _____

School District in Which You Reside:

Work Phone:

Home Phone:

Cell: _____ New York State

Preferred E-Mail:

Mail Preference: _____ Home _____ School _____ Date of Birth: _____ Gender: ___ M ___ F

MEMBERSHIP TYPES and DUES

REGULAR Category: Calculated at .006 x annual salary. (Please provide total annual salary)

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

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

OTHER Categories: check appropriate category and list dues

Retired Active - \$250 Retired Affiliate - \$125 Retired Associate - \$40
 Professional - \$40 Graduate - \$40 Library - \$50 \$ _____

OPTIONS

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

NASSP – \$250.00 _____ \$ _____

NAESP – \$235.00 _____ \$ _____

SAANYSPAC – suggested minimum voluntary contribution (cross out and indicate preferred amount, if desired) _____ \$ _____ \$35.00

\$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**)

Plan 1 \$5,000 benefit (**current participants or currently under age 60**).....\$27.00/yr. \$ _____

Plan 2a \$10,000 benefit (**current participant in Plan 2a or currently under age 55**)\$48.00/yr. \$ _____

Plan 2b \$20,000 benefit (**current participant in Plan 2b or currently under age 45**)\$72.00/yr. \$ _____

TOTAL DUES AND OPTIONS \$ _____

METHOD OF PAYMENT

_____ 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.

_____ 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.

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

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.

NATIONAL AFFILIATIONS

NAASP – National Association of Secondary School PrincipalsDUES \$250.00

NAESP – National Association of Elementary School PrincipalsDUES \$235.00

OPTIONAL INSURANCE PROGRAMS

OPEN ONLY TO REGULAR AND RETIRED ACTIVE AND AFFILIATE MEMBERSHIP CATEGORIES

\$5,000 Coverage – \$27.00 Plan 1 <i>Eligibility</i>	\$10,000 Coverage – \$48.00 Plan 2a <i>Eligibility</i>	\$20,000 Coverage – \$72.00 Plan 2b <i>Eligibility</i>
Members with a premium preprinted on item line which indicates current plan participation. -or- <i>New Participants under age 60*</i>	Members with a premium preprinted on item line which indicates current plan participation. -or- <i>New Participants under age 55*</i>	Members with a premium 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 • Premiums remain level • Benefit reduction at age 65 & 70 • Coverage remains at 50% reduction for life 	<ul style="list-style-type: none"> • Guaranteed issue – no medical restrictions • Premiums remain level • Benefit reduction at age 65 & 70 • Coverage remains at 50% reduction for life 	<ul style="list-style-type: none"> • Guaranteed issue – no medical restrictions • Premiums remain level • Benefit reduction at age 65 & 70 • Coverage remains at 50% reduction for life

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

PLEASE NOTE: If choosing either the \$20,000, \$10,000, or \$5,000 coverage for the first time (if no premium amount is preprinted on your membership application form), you **WILL RECEIVE** an enrollment card to be completed as required by insurance providers.