

SAANYS Membership Application 2021-22

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

Membership:

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

Name and Address:

Title/Position:

Please indicate number of years in current title: ___

New Member: Yes No

School Name:

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, 2021-August 31, 2022.

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 \$ _____

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**)

\$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 \$ _____

DUES PAYROLL DEDUCTION AUTHORIZATION

I agree to be a member of my local union. Further, I hereby authorize my school district to deduct the following dues from payroll on my behalf annually, as identified by my local labor organization:

1. Any local association dues.
2. SAANYS dues, as the affiliate of my local union

This authorization shall remain in effect until:

1. I revoke this agreement in writing to the district, my local union, and SAANYS, or
2. I am no longer serving in a title represented by my collective bargaining association, or
3. I have separated from service to the district.

School District Name: _____ Local Association Name: _____

Name (printed): _____

Signature: _____ Date: _____

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.

This form may be downloaded at saanys.org or scanned and returned via 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 SAANYYS and other educational associations to effectively pursue legislative initiatives in New York State. Membership dues paid to SAANYYS, a non-profit organization, cannot be used to support direct political initiatives; therefore, ELPAC was created. The SAANYYS 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 if you have selected payroll deduction.

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

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

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

NATIONAL AFFILIATIONS

NAASP – National Association of Secondary School Principals DUES \$250.00

NAESP – National Association of Elementary School Principals DUES \$235.00

OPTIONAL INSURANCE PROGRAMS

OPEN ONLY TO REGULAR AND RETIRED ACTIVE AND AFFILIATE MEMBERSHIP CATEGORIES

\$5,000 Coverage – \$30.00 Plan 1 <i>Eligibility</i>	\$10,000 Coverage – \$54.00 Plan 2a <i>Eligibility</i>	\$20,000 Coverage – \$80.00 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 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 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 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.