

MEMBERSHIP APPLICATION

CASTO

California Association of School Transportation Officials

P.O. Box 205, Aromas, CA 95004

www.castoways.org

855-CASTO68 ext .101 (toll free)



New

Renewal

Individual Membership

Name: _____
Last First Middle Initial

District/Company: _____

Title: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone #: () _____ Email Address: _____

District / Company

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone #: () _____ Fax #: () _____

Demographic Information

To ensure that you receive mailings pertinent to your job and responsibility, please check the appropriate categories below.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Transportation Director, Supervisor (1) | <input type="checkbox"/> Head Driver, Leadman (5) | <input type="checkbox"/> Secretary/Clerk (9) | <input type="checkbox"/> Retired Official (13) |
| <input type="checkbox"/> Maintenance Supervisor, Foreman (2) | <input type="checkbox"/> CHP Officer, State Rep. (6) | <input type="checkbox"/> Manufacturer, Sales Rep., Consultant (10) | <input type="checkbox"/> Retired Professional (14) |
| <input type="checkbox"/> Dispatcher/Scheduler (3) | <input type="checkbox"/> Bus Driver (7) | <input type="checkbox"/> School Official, PTA (11) | |
| <input type="checkbox"/> Instructor/Trainer (4) | <input type="checkbox"/> Mechanic (8) | <input type="checkbox"/> Persons Interested in School Transp. Safety (12) | |

Official Member	(1 - 6)	\$45.00 / \$60.00 / \$75.00 annual salary (see below)
Professional / Associate Members	(7 - 11)	\$30.00 annually
Person(s) interested in School Transportation Safety	(12)	\$20.00 annually
Retired Member	(13 - 14)	\$20.00 annually

Official Member Dues Categories: Salary up to: \$44,999 = \$45.00; Salary \$45,000 to \$59,999 = \$60.00; Salary over \$60,000 = \$75.00

Chapter Affiliation

Mark One

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 1 Riverside & San Bernardino | <input type="checkbox"/> 6 Sacramento Area | <input type="checkbox"/> 12 Kern County | <input type="checkbox"/> 18 Humboldt, Del Norte |
| <input type="checkbox"/> 2 Orange County | <input type="checkbox"/> 7 San Francisco Bay Area | <input type="checkbox"/> 13 Sonoma, Marin, Lake, Mendocino | <input type="checkbox"/> 19 Monterey, Santa Cruz, San Benito |
| <input type="checkbox"/> 3 San Diego & Imperial | <input type="checkbox"/> 8 Fresno & Central Valley | <input type="checkbox"/> 14 King, Tulare, Inyo | <input type="checkbox"/> 20 High Desert |
| <input type="checkbox"/> 4 Los Angeles | <input type="checkbox"/> 9 San Luis Obispo & Central Coast | <input type="checkbox"/> 15 North San Joaquin Valley | |
| <input type="checkbox"/> 5 Ventura & San Barbara | <input type="checkbox"/> 10 Contra Costa, Napa, Solano | <input type="checkbox"/> 17 Redding, Shasta, Wonderland | |

Dues & Payment Information

___ Yes, please enroll me as a CASTO member for the coming year (July 1 through June 30). I have checked the appropriate dues category and indicated my desired method of payment. Date _____ Amount of Dues \$ _____

Dues

Official Member \$45.00/\$60.00/\$75.00

See breakdown on page 1 for Official Dues

Professional/Associate Member \$30.00

Retired Member \$20.00

Method of Payment

___ A. Check Enclosed
(\$25.00 fee will be assessed for returned checks)

___ B. Payroll Deduction

The payroll deduction option above will require you to provide more information below

___ C. If paying by credit card please provide the following:



Name as it appears on the card _____ Card # _____

Expiration Date _____ CVC# _____ Signature _____

Billing Address _____

City _____ State _____ Zip Code _____

Using the Option for Automatic Payroll Deduction.

This option is available for use in cooperating districts and counties. Your dues for each fiscal year will be deducted in equal monthly installments, in either 10 or 12 month deduction periods.

Payroll Deduction Agreement

I authorize automatic payroll deduction for my dues and contributions to the California Association of School Transportation Officials (CASTO). I understand that my dues and specified contributions will be deducted in equal appropriate monthly installments, in accordance with the information printed in section 6 of this application. Automatic deductions will remain on force until such time I notify CASTO of termination. I will notify CASTO of any change in my employment status and understand that CASTO may bill me and collect any funds due if payroll deductions should be discontinued prior to the end of a fiscal year.

Application Date _____ Equal monthly installments of (Mark one) 10 Months _____ 12 Months _____

OFFICIAL USE ONLY

Yearly Amount Due \$ _____

10 Months @ \$ _____ /mo.

12 Months @ \$ _____ /mo.

Mail To: CASTO
P.O. Box 205
Aromas, CA. 95004

PAYROLL DEPARTMENT: Please mail one complete copy to CASTO along with the first payment.

Signature _____ Social Security Number _____

Name (print) _____ Title _____

District/Agency _____

Payroll Office Address _____ City: _____

Zip Code: _____ Phone Number: _____