

MEMBERSHIP INVOICE

SCHOOL YEAR 2010-2011

CHECK HERE IF YOU ARE A NEW PRINCIPAL _____ YOUR NAME: _____

PRINCIPAL: _____ DIOCESE: _____

TITLE: _____

SCHOOL: _____ GRADES: _____ TO _____

STREET: _____

CITY: _____ ZIP +4 _____

TELEPHONE: _____ FAX: _____

****E-MAIL:** _____ @ _____ BEDS: _____

ASST PRINCIPALS: _____



If you do not have access to a computer, please call Lori at CSAANYS: 518-273-1205 to receive a hard-copy of the newsletter instead of downloading it from the website.

Send your invoice in the enclosed envelope to: Catholic School Administrators Association of New York State, 525 4th Avenue, Troy, NY 12182. If you have any questions regarding the application, please don't hesitate to call: 518-273-1205.

DUES STRUCTURE: (Please read carefully and complete all figures) **2010-2011**

(REQUIRED) Enrollment: _____

(REQUIRED) Enrollment fee X .65 cents = X .65 cents = _____

******Please add Administrators Fee of \$60.00 + \$60.00**

(OPTIONAL) Additional Administrators you would like to add = _____ X \$10.00 each = + _____

(OPTIONAL) Add Donation to Less-Fortunate Schools Fund + _____

(REQUIRED) **TOTAL DUES ENCLOSED** **New -2010-2011**

TOTAL= _____

If you cannot pay the full amount and are requesting assistance, please complete the enrollment number, pay what you can and check the box to the right.

THANK YOU FOR YOUR CONTINUED SUPPORT OF CATHOLIC EDUCATION!

******* IF YOU HAVE ALREADY SENT IN YOUR 2010-2011 MEMBERSHIP DUES, PLEASE DISREGARD THIS INVOICE.**

Please Complete each line.