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: ____________________________________________

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.

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

Official Member
Professional / Associate Members
Person(s) Interested in School Transportation Safety
Retired Member

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

[ ] 1 Riverside & San Bernardino [ ] 5 Sacramento Area [ ] 8 Sacramento Area [ ] 12 Kern County
[ ] 18 Humboldt, Del Norte
[ ] 2 Orange County [ ] 7 San Francisco Bay Area [ ] 8 Fresno & Central Valley [ ] 13 Sonoma, Marin, Lake, Mendocino
[ ] 19 Monterey, Santa Cruz, San Benito
[ ] 3 San Diego & Imperial [ ] 9 San Luis Obispo & Central Coast [ ] 10 Contra Costa, Napa, Solano [ ] 15 North San Joaquin Valley
[ ] 17 Redding, Shasta, Wonderland
[ ] 4 Los Angeles
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 in 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: _________________________________