

CASTO

California Association of School Transportation Officials
PO Box 1097, La Habra, Ca 90633-1097
(877) CASTO99 Toll Free
www.castoways.org
casto.membership@gmail.com



Instructions: Individual Membership: (Complete Item Numbers 1, 2, 5, and 6)
Agency Membership: (Complete Item Numbers 3, 5, and 6)
Sustaining Membership: (Complete Item Numbers 4 and 6)

1. Individual Membership

Name: _____
Last First Middle

District/Agency: _____

Title: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Phone #: (____) _____

District/Agency

Mailing Address: _____ City: _____ State: ___ Zip: _____

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

Internet or Electronic Mail Address: _____

2. 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"/> Other |
| <input type="checkbox"/> Instructor/Trainer (4) | <input type="checkbox"/> Mechanic (8) | <input type="checkbox"/> Student (12) | <input type="checkbox"/> |

Official Member (1 - 6) \$45/\$60/\$75 Professional/Associate Members (7 - 11) \$30 Retired/Student Member (12 - 14) \$20

Official Member Dues Categories: Salary up to: \$44,999 = \$45; Salary \$45,000 to \$59,999 = \$60; Salary over \$60,000 = \$75

3. Agency Membership

Agency Name: _____

Agency Representative: _____ Title of Representative: _____
Last Name First Name

Agency Mailing Address: _____ City: _____ State: _____ Zip: _____

Agency Phone #: (____) _____ Agency Fax #: (____) _____

Internet or Electronic Mail Address: _____

Number of School Board Members: _____

4. Sustaining Membership

Business Name: _____

Business Representative: _____ Title of Representative: _____
Last Name First Name

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone #: (____) _____ Business Fax #: (____) _____

Internet or Electronic Mail Address: _____

(Check one which best approximates nature of business)

- | | |
|---|--|
| <input type="checkbox"/> 21. Bus or chassis manufacturer or distributor | <input type="checkbox"/> 27. Facilities and shop equipment service firm, maintenance and repair, custodial, security, etc. |
| <input type="checkbox"/> 22. Vehicle components, tires and accessories manufacturer or distributor | <input type="checkbox"/> 28. Consultant, engineering, computer service, other administrative or office services |
| <input type="checkbox"/> 23. Facilities and shop equipment manufacturer or distributor | <input type="checkbox"/> 29. Financial, insurance, leasing, and related services |
| <input type="checkbox"/> 24. Petroleum products manufacturer or distributor | <input type="checkbox"/> 30. Computers, software, etc. |
| <input type="checkbox"/> 25. Other manufacturer/distributor | <input type="checkbox"/> 31. Others |
| <input type="checkbox"/> 26. Vehicle or vehicle components service firm: maintenance and repair, towing, tire service, cleaning, etc. | |

5. 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 | |

6. 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 in section 2 for Official Dues

Professional/Associate Member \$30.00

Retired/Student Member \$20.00

Agency Member \$150.00

Sustaining Member \$250.00

Method of Payment

A. Check Enclosed

B. Payroll Deduction

The payroll deduction option above will require you to provide more information in Section 7

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



Name as it appears on the card _____ Card # _____

Expiration Date _____ Signature _____

7. Using the Option for Automatic Payroll Deductions.

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
(Mark one) 10 Month _____ 12 Month _____

OFFICIAL USE ONLY

Yearly Amount Due \$ _____
10 Month @ \$ _____ /mo.
12 Month @ \$ _____ /mo.

Mail To: CASTO
PO Box 1097
La Habra, Ca, 90633-1097

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 _____

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Membership
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Membership Application