

CASTO

California Association of School Transportation Officials

P.O. Box 7129; Citrus Heights, CA 95621

Phone (877) 227-8699 Fax (916) 791-8061

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http://www.castoways.org

Membership Application



Approved 03/10/01

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 #: () _____ E-mail Address: _____

District/Agency

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

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

E-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)	Annual Salary of up to \$44,999	\$45
	Annual Salary of up to \$45,000 to \$59,999	\$60
	Annual Salary over \$59,999	\$75
	Professional/Associate Members (7 - 11)	\$30
	Retired/Student Member (12 – 14)	\$20

3. Agency Membership

Agency Name: _____

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

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

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

E-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 #: () _____

E-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 \$ _____

Official Member:	
Annual Salary up to \$44,999 Annual	\$45.00
Salary of \$45,000 to \$59,999 Annual	\$60.00
Salary of over \$59,999	\$75.00
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 you must provide the information requested on the following page.



Name as it appears on card _____

Card # _____ Security # (on back of card) _____ Expires _____

Billing Address (**This must** be the address that the statement for your credit card is mailed to) :

Signature: _____

Date: _____

7. 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 (Mark one) ___ 10 Months ___ 12

OFFICIAL USE ONLY

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

Mail to: CASTO
PO Box 7129
Citrus Heights, CA 95621

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

Signature _____ Social Security # _____

Name (print) _____ Title _____

District/Agency _____

Payroll Office Address: _____

