



## HCASA Membership Enrollment for 2025-2026

### Part A: Complete member information

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Position Title: \_\_\_\_\_

School or Building Location Name: \_\_\_\_\_

School or Building Mailing Address: \_\_\_\_\_

### Part B: Annual Membership Fees: *(Directions-check one)*

The annual dues based on the job assignment:

- Annual HCASA fees: \$800/year for HCASA Members  
(\$40.00/pay period)
- Annual HCASA fees: \$250/year for Food and Nutrition Service Managers only  
(\$12.50/pay period)

### Part C: Paying Dues Through Payroll Deduction

**Payroll Deduction** - I am authorizing payroll deduction for 20 pay periods each year.  
I understand that enrollment will continue annually unless I opt out in writing during the  
open enrollment period (August 1 – August 30).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return as an attachment to an email sent to:  
Sharon Kramer HCASA Executive Director at  
sharonKramer2010@gmail.com*