



**Florida Association of School Administrators
Payroll Deduction Authorization for
Administrator Association Dues**



Name: _____ **Title:** _____
School/Office: _____ **District:** _____

Check all that apply:

- ___ **FASA Regular Individual \$217.00**
- ___ **FASA Aspiring Administrator \$100.00**
- ___ **NAESP Regular Individual \$235.00**
- ___ **NAESP Aspiring Administrator \$80.00**
- ___ **NASSP Regular Individual \$242.00**
- ___ **NASSP Aspiring Administrator \$82.00**
- ___ **AASA Superintendent \$436.00**
- ___ **AASA Non-Superintendent \$195.00**
- ___ **AASA Aspiring Administrator \$63.00**

(These are annual rates. Payroll department will pro-rate deductions based on district pay frequency schedule.)

I hereby authorize the School Board of _____ County, Florida, to deduct dues from my salary as indicated above and in the future in amounts certified annually by the Florida Association of School Administrators. I authorize the distribution of the monies deducted to the designated associations and release the School Board and its employees from any liability after the deduction has been distributed. The authorization will remain in effect unless cancelled by me.

DATE _____ SIGNATURE _____ Rev.7/11

FASA/Florida Association of School Administrators www.fasa.net
 NAESP/National Association of Elementary School Principals www.naesp.org
 NASSP/National Association of Secondary School Principals www.principals.org
 AASA/American Association of School Administrators www.aasa.org

COMPLETED FORM GOES TO DISTRICT PAYROLL DEPARTMENT