



**FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS  
PAYROLL DEDUCTION AUTHORIZATION FOR  
ADMINISTRATOR ASSOCIATION DUES**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

TITLE/SCHOOL \_\_\_\_\_ DISTRICT \_\_\_\_\_

Check one:

- FASA District Office Administrator and Secondary Principal \$217.00
- FASA Secondary Assistant Principal \$175.00
- NAESP \$215.00\*     NASSP \$234.00 \*
- AASA \$426.00 (Superintendent)     AASA \$190.00 (Non-Superintendent)\*
- FASA/NAESP Elementary Principals \$432.00 (joint state/national requirement)
- FASA/NAESP Elementary Assistant Principals \$390.00 (joint state/national requirement)
- FASA Aspiring Administrators \$ 100.00

\* this selection for district office administrators and secondary principals only

TOTAL TO BE DEDUCTED: \$ \_\_\_\_\_

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 organizations 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. 03/10

**PLEASE SEND THIS FORM TO YOUR PAYROLL DEPARTMENT  
DO NOT SEND IT TO FASA**