



## Payroll Deduction Authorization Form

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Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Check all that apply:

- |  |       |
|--|-------|
| <input type="checkbox"/> FASA Individual Member*             | \$258 |
| <input type="checkbox"/> FASA Aspiring Administrator         | \$100 |
| <input type="checkbox"/> NAESP Active Individual Member      | \$259 |
| <input type="checkbox"/> NAESP Aspiring Administrator Member | \$99  |
| <input type="checkbox"/> NASSP Individual Member             | \$250 |
| <input type="checkbox"/> NASSP Aspiring Administrator        | \$85  |

(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.

\*Due to our state affiliate agreement, principals must join either NAESP or NASSP when joining FASA.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Rev. 09/25

**COMPLETED FORM GOES TO DISTRICT PAYROLL DEPARTMENT**