



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



Name: _____ **Title:** _____

School/Office: _____ **District:** **ALACHUA**

___ FASA Pilot District Membership \$67.00

This membership rate is valid November 1, 2012 – October 31, 2013.

I hereby authorize the School Board of ALACHUA 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.7/12**

COMPLETED FORM GOES TO DISTRICT PAYROLL DEPARTMENT

FASA/Florida Association of School Administrators www.fasa.net
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850-224-3626 phone 850.224.3892 fax