



Personal Information:

Full Name

Email Address

Birthdate

Work Phone

Cell Phone

Twitter Handle

School Name/District Office

Title

District

Address

City, State Zip

Registration Information:

- FASA Individual Member (\$258)
- FASA Institutional Member (\$258)
- FASA Publications Member (\$119)
- NAESP Member (\$235) - National Association of Elementary School Principals
- NASSP Member (\$215 for new members) - National Association of Secondary School Principals
- * Due to a joint membership agreement, principals joining FASA must also join NAESP or NASSP.
- AASA Superintendent Member (\$460)
- AASA Non-Superintendent Member(\$204)
- Please check if you do not want any of your dues contributed to the FASA Political Action Committee.

Payment Information:

- Check
- Credit Card
- Payroll Deduction (see back)
- Visa
- Master Card
- Discover
- American Express

Card Number

Exp. Date

CCV Code

Name on Card

Billing Address

Recruited By

Form and checks should be mailed to 206B S. Monroe St., Tallahassee, FL 32301



Payroll Deduction Authorization Form

Check all that apply:

- | | | |
|--|---------------------|--------------------------------|
| <input type="checkbox"/> FASA Individual Member | \$258 | |
| <input type="checkbox"/> FASA Aspiring Administrator | \$100 | |
| <input type="checkbox"/> NAESP Regular Individual Member | \$235 | |
| <input type="checkbox"/> NAESP Aspiring Administrator Member | \$80 | |
| <input type="checkbox"/> NASSP Regular Individual Member | \$250 (New Members) | <input type="checkbox"/> \$215 |
| <input type="checkbox"/> NASSP Aspiring Administrator | \$85 | |
| <input type="checkbox"/> AASA Superintendent Member | \$460 | |
| <input type="checkbox"/> AASA Non-Superintendent Member | \$204 | |
| <input type="checkbox"/> AASA Aspiring Administrator | \$77 | |

(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. 07/18

COMPLETED FORM GOES TO DISTRICT PAYROLL DEPARTMENT