

# HILLSBOROUGH ASSOCIATION OF SCHOOL ADMINISTRATORS



Please check one:

Current Administrator

Retired Administrator

Please send completed form to:

**Marilou King, Facilities Division, ROSSAC - Rt. 7**

**-or-**

**511 Somerstone Drive, Valrico, FL 33594**

## HASA Enrollment Form

Please print:

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Site Name: **(Current Administrators)** \_\_\_\_\_

Lawson Employee No.: \_\_\_\_\_ Payroll Code: \_\_\_\_\_ Site #: \_\_\_\_\_

Home **(personal)** Internet Email Address: \_\_\_\_\_

**Annual dues:** \$5.25 per paycheck (\$105.00 annually). Membership begins when payroll deduction is processed through the Payroll Department.

**Current Administrators please sign below:** *I hereby authorize and request the School Board of Hillsborough County (FL) to deduct dues for this professional association. These dues will be deducted from my bi-monthly salary unless I revoke this authorization through writing to the Association and to the School Board.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I was recruited by \_\_\_\_\_  
(Recruiting HASA Member's Name)

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FOR OFFICE USE ONLY:

Deduction Amount: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ HASA Official: \_\_\_\_\_