

Please send completed form to:

HILLSBOROUGH ASSOCIATION OF SCHOOL ADMINISTRATORS

Please check one: <input type="checkbox"/> Current Administrator <input type="checkbox"/> Retired Administrator

Marilou King, HASA Administrative Assistant
511 Somerstone Drive
Valrico, FL 33594
 or
Facilities Maintenance Support
Rt. 7

HASA Enrollment Form

Please print:

DATE: _____

Name: _____ Position: _____

Address _____ City _____ Zip _____

Home Phone: _____ Work Location (**Current Administrators**) _____

Lawson Employee No. : _____ Payroll Code: _____ Site #: _____

The HASA membership year is July 1 through June 30th. Annual dues: \$105.00 (\$5.25 per paycheck) for current administrators. **Payroll deduction begins when membership form is processed by payroll.** Retirees' dues are \$25 per year.

Please check appropriate category below:

_____ payroll deduction (\$ 5.25 per pay period. Please sign below to authorize payroll deduction of dues)

_____ **Retiree** (Personal Check for \$25.00)

Current Administrators only 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 _____
 (HASA Member's Name)

FOR OFFICE USE ONLY:

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