



Please send completed form to:

**Mary Toledo
Instructional Services Center
Rt. 7**

HASA Enrollment Form

If you received this form by email, you can save it, type in your information, and return it by email OR school mail to me.

Date: _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home (personal) Email Address: _____

Position: _____ Lawson Employee #: _____ Pay Code: _____

Work Site Name: _____ Site #: _____ Rt. #: _____

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)

FOR OFFICE USE ONLY:

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