Ohio Association
of Secondary School Administrators

8050 N. High Street
Suite 180
Columbus, OH 43235-6484

PAYROLL DEDUCTION AUTHORIZATION

Dear Treasurer:

Please complete both copies of the payroll deduction form. Keep the top copy for your records and return the bottom copy immediately with the member's application. The member's application must be received by our office in order to be considered an OASSA member for the year. **Delay in forwarding the application will postpone professional legal assistance and eligibility for the OASSA Legal Protection Plan!!** The money can be sent to our office on a schedule that is convenient for you. If you have any questions, please contact the office at (614) 430-8311.

I hereby authorize the Board of Education to deduct $_____ from my earnings for membership dues in the Ohio Association of Secondary School Administrators for the year 20____ to 20____.

_____
Name of OASSA Member (Print)

_____ _____
Signature of OASSA Member Date

_____ _____
Signature of Treasurer Date

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_____ _____
Name of OASSA Member (Print) Name of School District

_____ _____
Signature of OASSA Member Date

_____ _____
Signature of Treasurer Date

OASSA COPY

(INCLUDE WITH MEMBERSHIP FORM)