

Please send this completed form to
Brevard Association of School Administrators
PO Box 560476
Rockledge, FL 32956-0476



BASA Membership Registration Form

Please print

Name: _____ Job Title: _____

Work Site: _____

Home Address

Street: _____ City: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Home email: _____

Sponsoring BASA member (if applicable) _____

Check status:

- Administrator - \$132 annually (complete Payroll Deduction Form)
- Non-bargaining - \$96 annually (complete Payroll Deduction Form)
- Retiree or former employee - \$25 annually (enclose check to BASA)

Dues for active employees are paid through payroll deduction. (Complete the form below.) Dues for retirees and former employees are due July 1 of each year and may be paid by check.

BASA Payroll Deduction Form

Employee's Name (Print or Type-Last Name, First Name)

Employee ID

Payroll Deduction Authorization Card for Brevard Association of School Administrators

School or Department No: _____ Effective Date: _____

**Dues to be deducted- Select One: ___\$132 for administrators ___\$96 other nonbargaining
Dues will be deducted in 24 equal payments through payroll deduction.**

As a permanent non-bargaining employee of the School Board, I authorize Payroll to enroll me in the above Deduction Plan. This authorization will continue until cancelled, in writing, by me at least thirty (30) calendar days prior to the effective date of cancellation. If I wish to change my deduction, I will notify the Payroll Dept. by letter. I hereby release the School Board of Brevard County from any liability after the deduction has been distributed to the designated organization.

Date: _____ Signature: _____