

**ORANGE COUNTY ASSOCIATION OF SCHOOL ADMINISTRATORS  
(OCASA ENROLLMENT FORM- Please Print)**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address (Retirees): \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Location (Current Administrators): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Payroll Code: \_\_\_\_\_  
Site #: \_\_\_\_\_

**The OCASA membership year is July 1st through June 30<sup>th</sup>. Annual dues: \$105.00 for current administrators and \$25.00 for retired administrators.**

**Please complete both payment sections below:**

\_\_\_\_\_ Payroll deduction (\$5.25 per 20 day periods) for 08/09 school year. Please sign below to authorize payroll deduction of dues)  
\_\_\_\_\_ Personal check for \$105.00 (we prefer payroll deduction)

Please check the box below to contribute part of your dues to the Political Action Committee (PAC)

\_\_\_\_\_ I agree with contributing \$10.00 toward the PAC  
\_\_\_\_\_ I do not want to contribute to the PAC

*Current administrators only please sign below: I hereby authorize and request the School Board of Orange 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:**

\_\_\_\_\_  
**(OCASA Member's Name)**

Please send completed form to: Pat Ramsey, Whispering Oak Elementary School

**FOR OFFICE USE ONLY:**

Deduction Amount: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
OCASA Official: \_\_\_\_\_

Please check one:

\_\_\_ Current administrator  
\_\_\_ Retired Administrator