

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

Date: _____
Name: _____
Position: _____
Address (Retirees): _____
_____ City _____ Zip _____
Home Phone: _____
Work Location (Current Administrators): _____
Personnel No.: _____ Payroll Code: _____
Site #: _____
Personal Email Address: _____

The OCASA membership year is July 1st through June 30th. 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 pay periods) per school year. Please sign below to authorize payroll deduction of dues.

_____ Personal check for \$105.00 (we prefer payroll deduction)

OCASA works with FASA to support political candidates that support education in our state. The FASA lobbyists keep us updated on political issues and our organization participates in FASA Legislative Days. Ten dollars of your yearly dues will be donated to this PAC unless you send a request stating otherwise.

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 fax the completed form to: Pat Ramsey, Whispering Oak Elementary School (407-905-3566)

FOR OFFICE USE ONLY:

Deduction Amount: _____ Effective Date: _____

OCASA Official: _____

Please check one:

___ Current administrator

___ Retired Administrator