

Administrators Association San Diego City Schools (AASD) Membership Cancellation

Employee #	Social Security (last 4)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name	Middle Initial
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>
Last Name	
<input style="width: 100%;" type="text"/>	
Home Address	
<input style="width: 100%;" type="text"/>	
City	Zip
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>
Cell Phone	Home Phone
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>

I wish to cancel my membership in AASD. This form must be sent to the AASD office (address below) via US mail. The form must be received by AASD during the period not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of initial membership. I understand that as a non-member I am not eligible for any AASD benefit currently provided to its members or provided to its members in the future, including but not limited to legal representation provided by the contracted AASD attorney or any other type of representation in employment matters including discipline, investigations, complaints, workplace harassment/discrimination, grievance processing and/or arbitration. I also acknowledge that I may not serve on the AASD Board of Directors or any AASD committee or any District committee as an AASD representative. I also may not vote on AASD matters including the collective bargaining agreement. I also understand that I am not eligible for AASD-provided student scholarships for my children, AASD professional development grants (tuition reimbursement), discounted services provided by various AASD sponsored vendor partners, and complimentary attendance at AASD membership meetings/social events. I may also not participate in various employee-paid insurance programs offered by AASD to members.

SIGNATURE <input style="width: 95%;" type="text"/>	DATE <input style="width: 95%;" type="text"/>
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AASD Office Use Only ----- **Do Not Write Below Line**

Date Form Received _____	Anniversary Period _____
Cancellation Approved by AASD <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Sent to SDUSD Payroll _____	Sent By _____