



### Administrators Association San Diego City Schools (AASD) Membership Authorization

Yes, I want to join with my fellow employees and become a member of AASD. I hereby request and voluntarily accept membership in AASD and I agree to abide by its Constitution and Bylaws. I authorize AASD to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer. Dues are deducted monthly, 10 months per year.

SIGNATURE  DATE

### Dues Payment and Deduction Authorization

I recognize the need for a strong AASD and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby (1) agree to pay regular monthly dues uniformly applicable to members of AASD; and (2) request and voluntarily authorize my employer to deduct from my earnings and to pay over to AASD such dues. This agreement to pay dues shall remain in effect and shall be irrevocable unless my employment in an AASD bargaining unit position ends or I revoke it by sending written notice via U.S. mail to AASD during the period not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of this agreement or as otherwise required by law. This agreement shall be automatically renewed from year to year unless I revoke it in writing during the window period, irrespective of my membership in AASD.

SIGNATURE  DATE

Employee #  Social Security (last 4)

First Name  Middle Initial

Last Name

Home Address

City  Zip

Personal Email

Cell Phone  Home Phone

School or Department Name \_\_\_\_\_