



# Membership Enrollment Record 2008-2009

Please PRINT all information except for initial and signature

(210) 225-7174  
SanAntonioAlliance.org

**Name:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Recruited by:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Job Title (include school if known)** \_\_\_\_\_

**Circle:** 1- American Indian 2- Asian/Pacific Islander 3- Black 4- Hispanic 5- Caucasian 9- Other

Return to the San Antonio Alliance office.

**2008-2009 Monthly Deduction:**

Full-time Teachers/Professional Staff.....\$51.75  
 Paraprofessional, Maintenance, Custodial  
 Part-time Teachers, Police Dept., &  
 Food Service Managers.....\$27.70  
 Part-time Food Service & Transportation....\$16.65  
 Dues payment and contributions to the political action funds  
 are not deductible as charitable contributions for federal  
 income tax purposes. Dues payments may be deductible  
 as a miscellaneous itemized deduction.

The San Antonio Alliance PAC collects voluntary contributions from members and uses those contributions to support political candidates (\$2 per month for teacher, professional staff & \$1 per month for paraprofessionals and classified employees). Contributions to this political action committee are strictly voluntary and not a condition of membership. Members have a right to refuse to contribute without suffering any reprisal or loss of membership status, rights or benefits. You may decline to contribute by initialing below.

"I decline to contribute to the political action committee and I understand this will not in any way affect my membership status or rights."

(Initials) \_\_\_\_\_

## SAN ANTONIO INDEPENDENT SCHOOL DISTRICT PAYROLL DEDUCTION AUTHORIZATION

I hereby, voluntarily authorize and request that the San Antonio Independent School District deduct and remit my monthly membership dues to the **San Antonio Alliance of Teachers and Support Personnel.**  
 (name of organization)

I request that this dues deduction authorization be automatically renewed every school year hereafter.  
 I further understand that this request can be discontinued by me at any time with a written request that is received in the Payroll Department a minimum of 20 days in advance of my next scheduled payday.

For employees new to the District, this authorization will become effective for the payroll in the month following the month in which the employee receives his/her first payroll check for that employment year.

I acknowledge that receipt of this payroll deduction authorization by the SAISD payroll Office will automatically cancel any existing employee payroll dues deduction authorization that I have previously submitted.

**Date:** \_\_\_\_\_

<b>Signature of Employee</b>	<b>School/Department</b>	<b>Social Security No.</b>
_____	_____	_____
<b>Name of Employee-printed</b>	<b>Monthly Dues Amount</b>	<b>Job Title</b>
_____	_____	_____