



Membership Enrollment Record 2009-2010

Please PRINT all information except for initial and signature

(210) 225-7174
SanAntonioAlliance.org

Free Membership Until August, 2009

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.

As a participant in the Texas San Antonio Alliance Early Enrollment Membership Program, I am eligible to receive prior to September 1, 2009 access to coverage under the NEA and AFT liability programs. As a condition of eligibility for these benefits, I agree to pay the appropriate membership dues for the 2009-2010 membership year. Should I fail to do so, my eligibility to receive benefits under these liability programs shall immediately terminate. In addition, I shall be liable for the cost of any benefits that were provided to me under the liability program prior to September 1, 2009.

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: _____

Signature of Employee _____ School/Department _____ Social Security No. _____

Name of Employee-printed _____ Monthly Dues Amount _____ Job Title _____