



(210) 225-7174
SanAntonioAlliance.org

Membership Enrollment Record

2017-18

Please PRINT all information except for initials and signature.

Return to the San Antonio Alliance office, 120 Adams, San Antonio, TX 78210

Name: _____ Date of Birth: _____

Cell Phone: _____

Address: _____ Apt.: _____

City: _____ Zip Code: _____

Personal e-mail: _____ District e-mail: _____ @saisd.net

Recruited by: _____

I'm joining the Alliance because: _____

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

2017-2018 Monthly Deduction:

Full-time Teachers/Professional Staff.....\$60.97
 Paraprofessional, Maintenance, Custodial, Part-time
 Teachers, Police Dept., & Food Service
 Managers.....\$32.45
 Part-time Food Service, Transportation &
 Porters.....\$19.32

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." _____

Employment Defense: Pre-existing conditions will not be pursued. To be considered for legal services, grievance representation, or assistance with solving problems, membership is required before the member knew or should have known of the events or occurrences leading up to the action complained about.

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 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 _____