

## MEMBERSHIP FORM

NAME: \_\_\_\_\_

EMPLOYEE PIN #: \_\_\_\_\_

POSITION: \_\_\_\_\_

CERTIFICATED: \_\_\_\_\_

CLASSIFIED: \_\_\_\_\_

### PAYMENT OPTIONS:

\_\_\_\_\_ I hereby authorize the Saddleback Valley Unified School District to deduct \$11.00 per month for 10 months for the purpose of fulfilling the membership dues requirements of \$110 yearly.

\_\_\_\_\_ I have enclosed a check for \$110 to fulfill my membership dues for one year.

Should the dues of the Association be changed by appropriate action of the Board of Directors, the membership shall be notified by the Board of Directors, and this authorization shall constitute a directive to the District to deduct the established dues as adopted by the Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date