

Albuquerque Public Schools Principals Association Membership Enrollment

| | | |
|---------------------|---------------|------------|
| Last Name | First Name | MI |
| Location Name and # | Employee # | |
| Address | Zip code | |
| Home Phone | Email address | Cell Phone |

| Annual salary | Yearly dues | Bi-weekly deduction |
|---------------------|-------------|---------------------|
| \$40,000-\$44,999 | \$212 | \$8.83 |
| \$45,000-\$49,999 | \$237 | \$9.88 |
| \$50,000-\$59,999 | \$262 | \$10.92 |
| \$60,000-\$69,999 | \$287 | \$11.96 |
| \$70,000-\$79,999 | \$312 | \$13.00 |
| \$80,000-\$89,999 | \$337 | \$14.04 |
| \$90,000-\$99,999 | \$364 | \$15.09 |
| \$100,000-\$109,000 | \$387 | \$16.13 |
| \$110,000-\$119,999 | \$412 | \$17.17 |
| \$120,000-\$129,999 | \$437 | \$18.21 |
| \$130,000-\$139,000 | \$462 | \$19.25 |
| \$140,000-\$149,999 | \$487 | \$20.30 |

ACCEPTANCE AND PAYROLL DEDUCTION AUTHORITY - APSPA

I hereby request that the Albuquerque Board of Education deduct 1/24 of the total membership dues for APSPA from my salary each pay period until my employment terminates or until I file a written request for change or discontinuation. If I am moved from the SPE salary schedule my previous dues will not be refunded. A change in the membership dues of APSPA will result in automatic change in the amount of the deduction without any notice on my part. I understand that any request for the subsequent year must be filed no later than September 1. I also understand that the unpaid balance of the membership deductions will be withheld from a final contract payment.

| | |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

E-Mail To Trybus@aps.edu

APSPA website - <https://sites.google.com/aps.edu/apspa/home>