

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. 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

Mail To

Inter-school mail - CEC/ECA c/o Andrea Trybus

US Mail - Andrea Trybus, 805 Ridgcrest Dr. SE, Albuquerque, NM 87108