## **ACSA Member Inquiry**

Changes in your work title, work site, payroll office, or mailing address? ACSA has been recently notified of a change that may affect your mailing address, work location, and/or membership status. So that we can continue to provide you with the best service possible without interruption (publication mailings, professional legal assistance, insurance benefits, etc.), please provide the information requested below, sign and return this entire form to us within ten days of receipt.

ID #:
Name:
Current Title:
District:
School Name/Street:
City/State/Zip:
Home Street:
City/State/Zip:
Preferred mailing address: ☐ Home ☐ School/District
Home Phone: Work Phone:
Cell Phone: FAX #:
Preferred Email Address:
Job Status: ☐ Management ☐ Teaching/non administrator *☐ Retired* ☐ Between jobs* ☐ Leave of Absence Approximate duration of LOA: ☐ ☐ Other - please explain: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Effective date of changes:
⇒ Signature** Date **If you have been paying ACSA dues by payroll deduction and are now employed by a new district, your signature will authorize ACSA to reestablish payroll deductions at the new district above.
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\*\*I agree that my payroll office will deduct my dues. This authorization shall be in effect until revoked by written notice from myself or ACSA. I consent to the adjustment of such deduction to reflect any change in dues of which the payroll office may be advised by the organization

\*Retirees, members reassigned to non-administrative positions, and unemployed members are eligible for reduced dues rates. Please return this form so that the appropriate information can be mailed to you, or call the Member Services Office at (800) 608-2272.

Contributions or gifts to ACSA are not deductible as charitable contributions for income tax purposes.