## Orange County Association of School Administrators (OCASA) ENROLLMENT FORM

Date:	
Name:	
Position:	Learning Community:
Work Location & Site #:	
Personnel #:	Payroll Code:
Work email address:	
Personal email address:	
Address (Retirees ONLY):	
	administrators); \$25 (Retired Administrators) ership year is July 1 <sup>st</sup> through June 30 <sup>th</sup>
Please select 1 option:	
·	5 per 20 pay periods) per school year
	5.00 (OCASA prefers payroll deduction)
	,
candidates supporting education with political issues and our organization page 1	tion of School Administrators (FASA) to support political in the state. The FASA lobbyists keep us updated on articipates in FASA Legislative Days. Ten dollars of your C unless you send a request stating otherwise.
•	I Board of Orange County (FL) to deduct dues for this be deducted from my bi-monthly salary unless I revoke this nd to the School Board.
Signature of Applicant	Date
Please scan and email the completed for	m to Allison Kirby, membership chair: allison.kirby@ocps.net
For Office use ONLY:	
Deduction Amount:	Effective Date:
OCASA Official:	