## ORANGE COUNTY ASSOCIATION OF SCHOOL ADMINISTRATORS (OCASA ENROLLMENT FORM- Please Print)

Date:		
Name:		
Position:	sition:Learning Community	
Address (Retirees):		Zip
Home Phone:	C1ty	Zıp
Home Phone:	• • • • • • • • • • • • • • • • • • • •	
Work Location (Current Adm	inistrators):	I Codo
Site #:	inistrators):Payroll Code:	
Site #: Personal Email Address:		
		_
The OCASA membership yo current administrators and		une 30 <sup>th</sup> . Annual dues: \$188.50 for aistrators.
Please complete both payme	nt sections below:	
Payroll deduction (\$7 authorize payroll deduction of	.25 per 26 pay periods) per dues.	er school year. Please sign below to
in our state. The FASA lo	bbyists keep us updated on FASA Legislative Days.	Ten dollars of your yearly dues
of Orange County (FL) to ded	luct dues for this professio	by authorize and request the School Board onal association. These dues will be s authorization through writing to the
Signature of Applicant		Date
I was recruited by:		
(OCASA Member's Nar	ne)	
Please send the completed form School <b>OR</b> Scan and email to: M		ncipal-College Park Middle
FOR OFFICE USE ONLY:		
Deduction Amount:	Effective Date:	
OCASA Official:		<del></del>
Please check one:		
Current administrator		
Retired Administrator		