

**OHIO ASSOCIATION OF SECONDARY SCHOOL ADMINISTRATORS  
8050 NORTH HIGH STREET, SUITE 180  
COLUMBUS OH 43235-6484**

**PAYROLL DEDUCTION AUTHORIZATION**

Dear Treasurer:

Please complete both copies of the payroll deduction form. Keep the top copy for your records and return the bottom copy immediately with the member's application. The member's application must be received by our office in order to be considered an OASSA member for the year. **Delay in forwarding the application will postpone professional legal assistance and eligibility for the OASSA Legal Protection Plan!!** The money can be sent to our office on a schedule that is convenient for you. If you have any questions, please contact the office at (614) 430-8311.

I hereby authorize the board of education to deduct \$\_\_\_\_\_ from my earnings for membership dues in the Ohio Association of Secondary School Administrators for the year 20\_\_\_\_ to 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of OASSA Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date

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**CUT HERE**

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Signature of OASSA Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School District

**OASSA COPY**  
(INCLUDE WITH MEMBERSHIP FORM)