

## **Dues Payroll Deduction Authorization**

I agree to be a member of my local union. Further, I hereby authorize my school district to deduct the following dues from payroll on my behalf annually, as identified by my local labor organization:

- 1. Any local association dues.
- 2. SAANYS dues, as the affiliate of my local union.

This authorization shall remain in effect until:

- 1. I revoke this agreement in writing to the district, my local union, and SAANYS, or
- 2. I am no longer serving in a title represented by my collective bargaining association, or
- 3. I have separated from service to the district.

School District Name:	 
Local Association Name:	 
Name (printed):	
, , , , , , , , , , , , , , , , , , ,	

(Signature of Member)

(Date Signed)