



**ASSOCIATION OF AFRICAN AMERICAN EDUCATORS**

**Application for Membership  
(Request for Payroll Deduction)**

Membership Type:  New  Reinstated

Employee Name (Last, First, Middle)

Employee ID (Print Clearly)

Location No.

School or Department

Position

**ANNUAL PAYROLL DEDUCTION:**

- Administrators \$112.00 (Certificated)
- Managers \$75.00 (Classified)
- Teachers \$57.00
- Classified \$38.00
- Part Time \$38.00

Would you like to contribute to the AAAE scholarship fund?  YES  NO

If yes, I would like to contribute the following to the AAAE Scholarship Fund \$\_\_\_\_\_

Deduction is new  YES  NO

Deduction is a change  YES  NO

**HOW DO YOU WANT TO BE CONTACTED?**

Mail to home address:

Address \_\_\_\_\_

\_\_\_\_\_

Mail to site Site Name \_\_\_\_\_

Mail to email address Email Address \_\_\_\_\_

Telephone Call Home \_\_\_\_\_ Work \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYROLL USE ONLY**

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Payroll Team Member \_\_\_\_\_ Date \_\_\_\_\_

Action Taken:

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Payroll Supervisor \_\_\_\_\_