

# BROWARD PRINCIPALS' AND ASSISTANTS' ASSOCIATION

## Authorization for Dues Check-off

**BPAA** Broward Principals' and Assistants' Association

**BAPA** Broward Assistant Principals' Association

**BAESP** Broward Association of Elementary School Principals

**BAMSP** Broward Association of Middle School Principals

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Last Name	First Name	MI
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Employee ID #	Position	School
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I hereby authorize the Broward County School Board to deduct from my salary for professional associations in accordance with the Broward Principals' and Assistants' Association (BPAA) plan shown below. This authorization shall remain in full force and effect for all purposes while I am employed by the School Board or until revoked by me in writing upon thirty (30) days notice to the School Board Payroll Department and the Broward Principals' and Assistants' Association.

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Signature	Date
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### ASSISTANT PRINCIPALS:

Check One Below:

		<u>ANNUAL DUES</u>	<u>MONTHLY</u>	<u>PER PAY SUPPLEMENT</u>
A___	BPAA	\$840	\$70.00	\$42.00
B___	BPAA - BAPA	\$850	\$70.83	\$42.50

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### PRINCIPALS:

Check One Below:

		<u>ANNUAL DUES</u>	<u>MONTHLY</u>	<u>PER PAY SUPPLEMENT</u>
C___	BPAA	\$840	\$70.00	\$42.00
D___	BPAA - BAESP	\$890	\$74.16	\$44.50
E___	BPAA- BAMSP	\$900	\$75.00	\$45.00

**NOTE: DUES ARE DEDUCTED OVER 20 PAY PERIODS AS ARE ALL SUPPLEMENTS IN THE DISTRICT PAY SYSTEM.**

**Please send this form via PONY to Payroll Department**

**ATTN: Deduction Area Supervisor**

**OR**

**Scan and email to [chanda.jordan@browardschools.com](mailto:chanda.jordan@browardschools.com), [twyla.walker@browardschools.com](mailto:twyla.walker@browardschools.com), and [iris.chisholm@browardschools.com](mailto:iris.chisholm@browardschools.com)**