



# MEMBERSHIP FORM

TITLE \_\_\_\_\_ NAME \_\_\_\_\_  
(Mr., Mrs., Ms., Miss, Dr.) (Last) (First) (Middle)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

POSITION \_\_\_\_\_ GRADE/STEP \_\_\_\_\_

UNIT (check one): UNIT II  UNIT III  ELIGIBILITY FOR UNIT \_\_\_\_\_  
(Date)

SCHOOL/BLDG. ASSIGNMENT \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PGCPS E-MAIL ADDRESS \_\_\_\_\_

OTHER E-MAIL ADDRESS \_\_\_\_\_  
(used for Union correspondence)

Please complete and sign the Payroll Deduction Authorization below.

## PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize continuous membership in ASASP. Please deduct dues as needed to maintain my membership, unless you receive written notice during the ten-calendar day period specified in the ASASP Contract (Article 2.05) to rescind this authorization. In the event of a change in my employment assignment that places me in a different bargaining union, such action would serve to automatically discontinue this authorization for payroll deduction of dues. In the event of my resignation or termination from employment with the Board of Education of Prince George's County, to the extent that net monies are due me by the Board, you shall deduct the unpaid dues for the current membership year from my final check.

Employee Identification Number (EIN) \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Completed forms should be submitted directly to the ASASP Office. Email: [asaspunion@asasp.org](mailto:asaspunion@asasp.org)