



MEMBERSHIP APPLICATION

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 thirty-calendar day period specified in the ASASP Contract 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 the employ of 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 _____