

**ASSOCIATION
DUES**

Name _____

Social Security Number _____

School _____

I hereby authorize deduction of monthly dues for:

- 1. Glendale Schools Management Association (GSMA)
- 2. _____
- 3. _____

The amount of money deducted (as certified by the association) is to be paid monthly to the association. It is understood that I have the right to revoke this authorization at any time upon written request to the District Financial Services department.

Date

Signature