

**Albuquerque Public Schools Principals and Assistant Principals Association**  
**Membership Enrollment**

Last Name	First Name	MI
Location Name and #	Employee #	
Address	Zip code	
Home Phone	Email address	Cell Phone

Annual salary	Yearly dues	Bi-monthly deduction
\$80,000-\$89,999	\$353	\$14.74
\$90,000-\$99,999	\$382	\$15.91
\$100,000-\$109,000	\$400	\$16.93
\$110,000-\$119,999	\$432	\$18.02
\$120,000-\$129,999	\$458	\$19.11
\$130,000-\$139,000	\$485	\$20.21
\$140,000-\$149,999	\$511	\$21.30
\$150,000 -	\$536	\$22.35

**ACCEPTANCE AND PAYROLL DEDUCTION AUTHORITY - APSPA**

I hereby request that the Albuquerque Board of Education deduct 1/24 of the total membership dues for APSPA from my salary each pay period until my employment terminates or until I file a written request for change or discontinuation. If I am moved from the SPE salary schedule my previous dues will not be refunded. A change in the membership dues of APSPA will result in automatic change in the amount of the deduction without any notice on my part. I understand that any request for the subsequent year must be filed no later than September 1. I also understand that the unpaid balance of the membership deductions will be withheld from a final contract payment.

Employee Signature	Date
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**E-Mail To** [Trybus@aps.edu](mailto:Trybus@aps.edu)

**APSPA website** <https://sites.google.com/aps.edu/apspa/home>