

IDAHO ASSOCIATION OF SCHOOL ADMINISTRATORS
2024-2025 PAYROLL DEDUCTION REQUEST FORM

INSTRUCTIONS: Renew your membership [online](#), or call the IASA office to renew at (208) 345-1171. Print and attach your membership dues invoice to this completed form and submit it to your payroll office.

TO: **District Payroll Clerk**

FROM: _____ (member's name)
_____ (building or office)

SUBJECT: 2024-2025 Membership Dues for IAESP, IASSP or ISSA

Please deduct equal monthly amounts, starting September 1, 2024, to pay the following membership dues in full by June 30, 2025.

MEMBERSHIP OPTIONS (Check one only)

___ IASA/IAESP/NAESP	\$714.00	(Elementary Principal)
___ IASA/IASSP/NASSP	\$705.00	(Secondary Principal)
___ IASA/ISSA/AASA	\$940.00	(Superintendent, includes National)
___ IASA/ISSA/AASA	\$670.00	(Cabinet Member, includes National)
___ IASA/ISSA	\$455.00	(Superintendent, no National)

THE TOTAL AMOUNT DUE \$_____ will be paid in _____ equal payments of \$_____ for full payment by **June 30, 2024**.

SIGNATURE _____ DATE _____

NOTICE TO DISTRICT CLERKS: The IASA does not need a copy of this payroll deduction form. Contact the IASA via email at iasa@idschadm.org or by phone at (208) 345-1171 with any questions.

Submit payments to:
IASA 777 S Latah St. Boise, ID 83705



PERSONAL PAYMENT PLAN OPTIONS

If your district does not utilize payroll deduction, the IASA offers personal payment plans for your convenience.

Plan 1: 10 equal installment payments.

_____ IASA/IAESP/NAESP	\$71.40 per month / \$714.00
_____ IASA/IASSP/NASSP	\$70.50 per month / \$705.00
_____ IASA/ISSA/AASA	\$94.00 per month / \$940.00
_____ IASA/ISSA	\$45.50 per month / \$455.00

Plan 2: 6 installment payments.

_____ IASA/IAESP/NAESP	\$119.00 per month / \$714.00
_____ IASA/IASSP/NASSP	\$117.50 per month / \$705.00
_____ IASA/ISSA/AASA	\$156.67 per month / \$940.00
_____ IASA/ISSA	\$75.83 per month / \$455.00

Plan 3: 4 installment payments.

_____ IASA/IAESP/NAESP	\$178.50 per month / \$714.00
_____ IASA/IASSP/NASSP	\$176.25 per month / \$705.00
_____ IASA/ISSA/AASA	\$235.00 per month / \$940.00
_____ IASA/ISSA	\$113.75 per month / \$455.00

I acknowledge that full payment of membership dues shall be made by June 30, 2025.

NAME: _____

DISTRICT/TITLE: _____

DATE: _____

