

**IDAHO ASSOCIATION OF SCHOOL ADMINISTRATORS**  
**2020-2021 IASEA PAYROLL DEDUCTION REQUEST FORM**

**INSTRUCTIONS:** Renew your IASEA 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: 2020-2021 Membership Dues, IASEA

Please deduct equal, monthly amounts, starting by September 1, 2020, to pay the following membership dues in full by June 30, 2021.

**IASEA MEMBERSHIP OPTIONS (Check one only)**

_____ Active Membership	\$465.00	(IASA/IASEA)
_____ Active Comprehensive Membership	\$640.00	(IASA/IASEA/CASE/CEC)
_____ Associate Membership	\$165.00	(for non-certificated)

THE TOTAL AMOUNT DUE \$\_\_\_\_\_ will be paid in \_\_\_\_\_ equal payments of \$\_\_\_\_\_ for full payment by **June 30, 2021**.

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](mailto: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. Personal payment plans are available for only Active Membership and Active Comprehensive Membership.

**Plan 1:** 10 equal installment payments.

_____ IASA/IASEA	\$46.50 per month / \$465.00
_____ IASA/IASEA/CASE/CEC	\$64.00 per month / \$640.00

**Plan 2:** 6 installment payments.

_____ IASA/IASEA	\$77.50 per month / \$465.00
_____ IASA/IASEA/CASE/CEC	\$107.00 per month / \$640.00

**Plan 3:** 4 equal installment payments.

_____ IASA/IASEA	\$116.25 per month / \$465.00
_____ IASA/IASEA/CASE/CEC	\$160.00 per month / \$640.00

**I acknowledge that full payment of membership dues shall be made by June 30, 2021.**

NAME: \_\_\_\_\_

DISTRICT/TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Submit this completed form to: IASA 777 S Latah St. Boise, ID 83705  
or by email: [iasa@idschadm.org](mailto:iasa@idschadm.org)**

