

Notice of Membership Resignation

Payroll Department

System Name: _____ Board of Education

School District Address: _____

City: _____ State: Alabama Zip Code: _____

Attention: Payroll Department

Effective immediately, you are hereby directed to cease any further deduction of membership dues payable to the **Local Association Name:** _____, the **State Association Name:** _____, and the **National Association Name:** _____ from the salary or other compensation of the following employee who has, this day, resigned membership in the aforementioned organizations.

Print Name of Employee

Social Security Number

Date

Signature

Fill this form out completely and make a copy of it for your records. Remember that it is important that this form be dated and turned in to your payroll office **no later than September 14th.**

Some systems require that you fill out a standard form that you can obtain through your central office payroll department. **Check with your system to see what their requirements are.**