Associated Professional Educators of Louisiana
Payroll Deduction Authorization Form

Applicant Information

First Name Middle/Maiden Name Last Name

Mailing Address

City State Zip Code

Home Phone

Cell Phone

Preferred (Primary) E-mail

Alternate E-mail

Employee ID/School ID Number (if known)

District of Employment

School Site (Name of School)

Membership Categories & Dues – Select (1) one

- ☐ Professional $ 199
- ☐ Associate $ 79

____ ***Payroll Deduction*** (Available for Professional and Associate classifications)
Payroll deduction schedule and terms vary by district. For additional information and parish registration deadlines, visit our website at www.apeleducators.org and select the 'Forms' tab.

I authorize my employer, the _____ Parish School Board, to deduct from my salary and transmit to A+PEL dues annually certified by A+PEL. I hereby waive all rights and claims to said monies so deducted and transmitted in accordance with this authorization and relieve the school board and all its officers from any liability thereof. This authority shall remain in effect until revoked by me in writing upon (30) day written notice to the school board and to A+PEL.

Signature (required) Date

Social Security Number (required for Payroll Deduction)

Mail or fax this completed form to:

A+PEL
7907 Wrenwood Blvd, Suite B
Baton Rouge, LA 70809
Fax: (225)766-5053