

AUTHORIZATION TO BEGIN ORGANIZATION DUES DEDUCTION

I hereby authorize Lamar Consolidated Independent School District to deduct as shown below and remit to the **Houston Area Association for Bilingual Education**.

Social Security Number: _____

Total Amount of Dues: (circle one)

\$30 for HAABE and TABE membership

\$90 for HAABE, TABE and NABE membership

Please indicate below, the number of pay periods over which you would like this deduction to occur. (maximum 24, minimum 1)

Last Name (print)

First Name (print)

Today's Date _____

My signature below affirms my understanding that:

- This payroll deduction is a service offered by Lamar CISD
- All communication concerning this transaction should be directed to HAABE
- **This Authorization is valid as long as I am employed by LCISD unless I countermand it in writing to the Payroll Department.**

Signature of Employee

Employee Name (print)