Notice of Membership Resignation & Payroll Deduction Cancellation in the Alabama Education Association (AEA)

System Name:	
Employee Name:Print Full Name of E	Employee
Employee Number <u>or</u> Social Security Number:	
Employee Worksite:	
Certified Employee □ or Support Employee □	
Attention: Payroll Department	
Effective immediately, you are hereby directed to cea	ase any further deductions of membership dues payable to
the Alabama Education Association (AEA), Nation	nal Education Association (NEA) and Local Education
Association from the salary or other compensation membership in the aforementioned organizations.	of the following employee who has, this day, resigned
Employee Signature	Date (Completion Date of Form)

Fill out this form completely. Make a copy for <u>your records</u> and a copy to <u>send to your central office</u> <u>payroll department</u>.

- Remember that it is important that this form be dated and turned in to your payroll office **no later than September 14th.**
- **Important**-some systems have an earlier deadline (for example **Hoover City Schools**), please be aware of the deadline in your system.
- Please **be sure to check with your system** for specific requirements (some systems such as Jefferson County Schools require that you complete their own specific form that must be obtained through their central office payroll department).

This form is to be used to cancel membership and payroll deductions for AEA, NEA, and Local EA.