



# PAC Membership Contribution Form

Association of Washington School Principals (AWSP)

Washington School Principals Legislative Effectiveness Association (WSPLEA)

The AWSP-Washington School Principals Legislative Effectiveness Association (or more simply the "PAC") is a constituted organization with bylaws and elected officers and a board of directors.

Your PAC contribution provides for a team of advocates who represent the education priorities of principals in the legislative process. Contributions support candidates in Legislative and statewide offices as well as major ballot initiatives and locally hosted principal/legislator events. Membership in AWSP-WSPLEA is a minimum of \$75 (or more) per calendar year (January 1–December 31) or a monthly payroll deduction of \$10 per month.\*

## Help make a difference in Olympia now!

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

School District \_\_\_\_\_

School Phone \_\_\_\_\_

School Email \_\_\_\_\_

Signature \_\_\_\_\_

What made you decide to join our PAC?  
\_\_\_\_\_  
\_\_\_\_\_

Mail to:

**AWSP-WSPLEA**

P.O. Box 553

Olympia, WA 98507-0553

360.357.7951

Or, email completed form to [angela@awsp.org](mailto:angela@awsp.org).

**PAC contributions are NOT tax deductible.**

### Statutory Authority: RCW 42.17.680

This authorization is valid until otherwise directed by the employee (under provisions of ESB 6713, Chapter 156 Laws of 2002). No employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee.

### Political Contribution Withholding Authorization: WAC 390-17-100.

No employer or other person may withhold a portion of a Washington state resident's earnings (or that of a nonresident whose primary place of work is in Washington) in order to make contributions to a political committee that must report to the Public Disclosure Commission or to a candidate for state or local office without written permission from that individual. Completion of this form entitles the entity specified to make such a withholding. This authorization form remains in effect until revoked in writing by the employee.

## Membership Contribution Options:

\*If you are unsure of your membership status, please call 360.357.7951.

**Monthly**—Payroll deduction; \$10 minimum monthly contribution. Complete and give original form to your payroll office and send a copy to the AWSP-WSPLEA office.

I hereby authorize payroll deduction of \$\_\_\_\_ per month to be sent to the AWSP-WSPLEA office at the address below for PAC membership beginning my next pay period and continuing until otherwise directed.

**Monthly**—Automatic Withdrawal; \$10 minimum monthly contribution. Complete the Automatic Withdrawal Agreement Form and send, with this form, to the AWSP-WSPLEA office.

I hereby authorize automatic monthly withdrawal of \$\_\_\_\_ from a personal bank account and continuing until otherwise directed.

**Annually**—Check or credit card, \$75 minimum contribution. Complete this form and send with your check or credit card information to the AWSP-WSPLEA office.

I am enclosing a check for \$\_\_\_\_ (payable to AWSP-WSPLEA) for PAC membership through Dec. 31.)

Please charge \$\_\_\_\_ for PAC membership (through Dec. 31) to my Visa/MasterCard/AMEX:

Card # \_\_\_\_\_

Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_



# Automatic Withdrawal Agreement Form

## AUTHORIZATION AGREEMENT

I hereby authorize AWSP PAC to initiate automatic withdrawals from my account at the financial institution named below.

This agreement will remain in effect until AWSP PAC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

I, \_\_\_\_\_ hereby authorize AWSP PAC to withdraw \$ \_\_\_\_\_ from my account each month until further notice.

## ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

## SIGNATURE

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the AWSP office at:**

AWSP  
Attn: WSPLEA Coordinator  
1021 8th Ave SE  
Olympia, WA 98501

The image shows a voided check from 'YOUR BANK'. The check is marked 'VOID' in large, light blue letters. At the top left, it says 'Your Name 123 Main Street Anytown, USA'. The amount is '20' dollars. The payee is 'PAY TO THE ORDER OF' followed by a blank line. The check number is '1001'. At the bottom, there are three callouts in red boxes with yellow text: 'ABA Check Routing Number 123456789', 'Account Number 000123456789', and 'Check Number 1001'. The MICR line at the bottom of the check reads '123456789 000123456789\* 1001'.