



Texas Association of Secondary School Principals

Payroll Deduction Form 2026-2027

MEMBERSHIP BENEFITS BEGIN UPON RECEIPT BY THE TASSP OFFICE OF THIS FORM COMPLETED AND SIGNED BY BOTH THE MEMBER AND THE ISD PAYROLL OFFICER.

Note: The State of Texas Legislature has twice considered a bill that would eliminate teachers/educators from participating in payroll deduction to pay association dues. Should a similar bill pass and be signed into law, school districts would not be able to collect funds to pay membership dues in TASSP. For now, TASSP will continue to accept payroll deduction as an acceptable form of payment for membership. If this practice becomes unacceptable due to changes in State law, the remaining balance of your TASSP membership will be due within 30 days of the date of the last payroll deduction payment. Failure to pay within the 30-day period may result in loss of member benefits, including but not limited to liability insurance. Members are responsible for monitoring individual payroll reports for payments to TASSP.

MEMBER SECTION

Please complete top portion of this form and give to your ISD payroll officer. DO NOT MAIL TO TASSP. Both sections must be completed before a membership can be processed.

Member Name (please print) _____ Campus Name _____ TASSP Member # _____

School Phone (area code) _____ Member's E-Mail _____ Total Amount of Dues _____

I hereby authorize _____ ISD to remit to TASSP through payroll deductions, the amount of dues stated above. In the event I leave the district, I also authorize any unpaid balance to be deducted from my final paycheck and remitted to TASSP.

Member Signature _____ Date _____

2026-2027 MEMBERSHIP PRICE

TASSP State Membership: \$300	NASSP Individual Membership: \$250
TASSP Retired Lifetime Membership: \$100	NASSP Retired Membership: \$50
TASSP Associate Membership: \$150	NASSP Associate Membership: \$85

DISTRICT PAYROLL OFFICE SECTION

Please complete bottom portion and return entire form to TASSP at the address below. A payment does not have to accompany this form. Receipt of this completed form along with a copy of membership application initiates processing.

Membership dues for the above stated amount will be remitted as indicated below:

___ Monthly payments of \$ _____ beginning on ____/____/____ balance paid in full by **8/1/2027**.

___ Other _____ balance paid in full by **8/1/2027**.

DUE TO SECURITY RISKS:

Attn Payroll Officer: If possible, please do not include SSN in monthly checks/statements submitted to TASSP.

Payroll Officer Name (please print) _____ Payroll Officer Signature _____

Phone (area code) _____ Payroll Officer E-Mail _____ Date _____

Please return one copy of this form to: TASSP, 305 E Huntland Dr., Suite #300, Austin, TX 78752
Phone: (512) 443-2100 Fax: (512) 442-3343 E-Mail: Shannon@tassp.org