

Kentucky Association of School Administrators

87 C Michael Davenport, Frankfort, KY 40601 Ph. (800) 928-5272 or (502) 875-3411 Fax: (502) 875-4634 http://www.kasa.org Office Use Only: 3110 - Premier Direct

Please return by June 30th

This is your membership renewal notice for the 2022 - 2023 school year, which includes charges for your KASA dues.

Mr. Matthew L. Turner Boone County Schools 8330 US 42 Florence, KY 41042

Your Premier Membership Dues are based on the following estimated a	400000 to the control of the contro
Please note any needed salary adjustments in the space provided below.	
My job title for 2022 - 2023 is: Suply intendent	
Premier (.005 x annual salary)	Premier Lifetime (.08 x annual salary)
Do not remit payment for liability insurance as it is included in your Pr	emier membership.
I wish to join AASA (American Association of School Administrators):	Active \$470 (Superintendent)
(Note: Planning on retiring? Please share your new contact information \$39.00. Membership provides communications and free registration to KASA member for five consecutive years. Expected retirement date: _	and consider joining as an Emeritus Member at an annual cost of the annual leadership institute. Eligibility requires having been a)
	Salary: \$205,479.00 \$1027.4
	Annual Membership Dues: 0 Corrected Salary (If applicable):
	AASA Membership: \$470.0
	Grand Total: 41, 497.
Our records indicate that you currently do not participate in the Automa Please indicate below if you are interested in beginning APA deduction	ttic Payroll Deduction (APA) method.
Yes, I wish to participate in the APA program, and have copied to	
No, I do not wish to participate in the APA program. My payme	nt is enclosed.
PAYMENT METHOD	The membership year is 7/1/2022 - 6/30/2023
THINDIN METHOD	Please return by June 30, 2022
Check Enclosed (Make payable to KASA)	Mail to: Kentucky Association of School Administrators 87 C Michael Davenport Blvd, Frankfort, KY 40601
Charge my credit card	or fax to (502) 875-4634 or email to Mary Brown at mary@kasa.org
Amount Authorized \$	
Account No	(3110 - Mr. Matthew L. Turner)
Security Code (3-4 Digits)	Important Note: KASA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense.
Expire Date	KASA estimates that 10% of your dues are not deductible because
Billing Zip Code	of KASA's lobbying activities on behalf of its members. Thank you for your continued membership.
Authorized Signature	If you are enrolling in the Liability Insurance Program, please return a copy of this renewal notice with your remittance. Thank you.

Fee Disclosure: Please be advised that the \$99 insurance cost represents a \$45.00 premium, \$4.41 state tax fee, and \$49.59 policy plan management fee.

This amount is included in the total dues amount paid.