

RENEWAL INVOICE

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

Please return by June 30th

This is your membership renewal notice for the 2023 - 2024 school year, which includes charges for your KASA dues.

Your Premier Membership Dues are based on the following estimated annual salary: \$205,479.00

Please note any needed salary adjustments in the space provided below.

My job title for 2023 - 2024 is: Superintendent

☒ Premier (.0052 x annual salary) ☐ Premier Lifetime (.082 x annual salary)

Do not remit payment for liability insurance as it is included in your Premier membership.

I wish to join AASA (American Association of School Administrators): ☒ Active \$470 (Superintendent)

(Note: Planning on retiring? Please share your new contact information and consider joining as an Emeritus Member at an annual cost of \$59.00. Visit www.kasa.org for benefits and eligibility criteria. Expected retirement date: ____.)

Estimated Annual Salary: \$205,479.00
\$1068.4

Annual Membership Dues: 9
Corrected Salary (If applicable): \$220,522.00
Corrected Dues (If applicable): 1,146.71
AASA Membership: 470.00
Grand Total: 1,616.71

Payment Method

☐ Check Enclosed (Make payable to KASA)	
Purchase Order No.:	
Charge my debit/credit card	☐ AMEX ☐ VISA ☐ MC ☐ Discover
Amount Authorized	\$
Account No.	
Security Code (3-4 Digits)	
Billing Zip Code	
Expiration Date	
Authorized Signature	
Convenience Fee (3% of payment)	

The membership year is 7/1/2023 - 6/30/2024

Payment Due by June 30, 2023

Mail to:

Kentucky Association of School Administrators
87 C Michael Davenport Blvd
Frankfort, KY 40601
or fax to (502) 875-4634
or email to Mary Brown at mary@kasa.org
(3110 - Mr. Matthew L. Turner)

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. KASA estimates that 10% of your dues are not deductible because of KASA's lobbying activities on behalf of its members.
Thank you for your continued membership.

Our records indicate that you currently do not participate in the Automatic Payroll Deduction (APA) method. Please indicate below if you are interested in beginning APA deduction.

☐ Yes, I wish to participate in the APA program, and have copied this document for my finance officer.

☐ No, I do not wish to participate in the APA program. My payment is enclosed.