



Maricopa Council Black American Affairs

Membership Application

Payroll Deduction Application Form

Name: _____

Location: _____ Employee ID: _____

Phone: _____ e-mail address: _____

Choose a method of deduction:

(Dues are \$80.00 per academic year for CEC, MAT & Faculty employees)

(Dues are \$65.00 per academic year for PSA, M&O & Temporary employees)

One deduction of \$80.00

Two deductions of \$40.00

Four deductions of \$20.00

One deduction of \$65.00

Two deductions of \$32.50

Four deductions of \$16.25

Beginning on _____ (payroll date), I hereby authorize the Maricopa County Community College District to deduct the amount shown above for Maricopa Council on Black American Affairs membership dues. I understand that payroll deductions will carry over from year to year unless I submit a cancellation request in writing to the MCBAA Treasurer and the Payroll Department.

Signature: _____ Date: _____

MCBAA Treasurer
Signature: _____ Date: _____

DO NOT SEND TO THE PAYROLL DEPARTMENT/DO NOT WRITE BELOW THIS LINE, FOR MCBAA TREASURER ONLY!



Please return this form to:

Vashi Worley
640 N. 1st Ave.
Phoenix College Downtown
Phoenix, AZ 85003

Note: Original signature is required. Please print before signing.