



# ***Friends of AALA – 501 (c) 3*** ***Associated Administrators of Los Angeles***

## **Membership Form to Support AALA's Scholarship Program For Active AALA Members, Only**

Thank you for your interest in joining the Friends of AALA – 501(c) 3!

To authorize a salary deduction of a monthly contribution, please complete the information below, sign, and return to:

[juan.flecha@lausd.net](mailto:juan.flecha@lausd.net) or by facsimile to:  
(213) 484-0201

### **Personal Information for Friends of AALA Membership**

Name:	Employee #
Position:	
Location:	
Work Phone:	Local District:

Home Address:	
City:	Zip:
Home Phone:	

Your on-going tax deductible donation is \$60.00\* for a year.  
\*\$5.00 a month for 12 months

Signature \_\_\_\_\_