



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 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:	

Monthly Amount: \$5.00 \$10.00 Other Amount \$_____

Signature _____