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Association of Classified Exempt Staff (ACES) Membership Authorization

My signature below hereby authorizes the Pima College Payroll Department to make the appropriate deduction currently in place from each Bi-Weekly Payroll beginning on the next closest payroll of _____ for ACES Membership Dues.

I understand that the deduction will continue until such time as I notify the Payroll Department in writing to discontinue the deduction or I no longer meet eligible membership criteria.¹

I understand and agree that if any dues increase is approved by the general membership, my dues will automatically increase. The current ACES Membership Dues are \$2 (two dollars) per pay period.

Employee Name: _____

Employee ID: _____

Position Control Number:² _____

Suffix:³ _____

Phone: _____

Mail Code: _____

Signature: _____ Date: _____

Please send COMPLETED & SIGNED Form to: ACES membership chair, **Chelsea James (Acting), mail code CC 5600**. The membership chair will then process your application and forward it to the College Payroll Department.

Welcome to ACES. We are happy to have you join us!

If applicable, please indicate the ACES member who referred you: _____

¹ **Eligibility:** You must be classified as "exempt full-time."

² **Position Control Number:** This can be found on your annual evaluation, any Personnel Action Request (PAR) affecting you, in Banner, or your supervisor can provide this number for you.

³ **Suffix:** This can be found on any PAR affecting you, in Banner, or your supervisor can provide this number for you. The suffix for a regular, full-time exempt employee is usually "00" (zero zero).