

The Florida Education Association

213 South Adams Street
Tallahassee, Florida 32301

_____ School or worksite

_____ Local Association/Union

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ Home Ph#: _____

Work Ph#: _____ Home Email: _____

Male: _____ Female: _____ D.O.B.: _____

Position: _____ Monthly Deduction: \$ _____

Method of Payment: _____ Payroll Deduction _____ Cash

Registered Voter: ____ Yes / ____ No

Payroll Deduction: I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described above and as are certified by the Association of the School Board for each year thereafter from my salary and direct and authorize my employer to pay such amounts to the Association in accordance with payroll deduction procedures in effect; provided, however, I may cancel my membership and this authorization by providing 30 days' written notice to the School Board and Association notifying them of such revocation as provided by law.

Cash Member: I hereby agree to pay to the Association the dues and assessments described above and as may be prescribed by the Association and certified to the School Board for each year thereafter.

Employee Signature

Date

FOR OFFICIAL USE ONLY

Signature of Local Association Representative: _____

**** New members may be asked to complete and sign a separate local membership form ****