

# 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 \*\*\*\*