

SANTA ROSA PROFESSIONAL EDUCATORS MEMBERSHIP CANCELLATION FORM

I hereby authorize you, Santa Rosa County School District, according to arrangements agreed upon with the Santa Rosa Professional Educators, to cancel my membership.

I understand that my contract with Santa Rosa Professional Educators will be revoked by me with this thirty-day (30) written notice to the School District and to the Santa Rosa Professional Educators. It is the employee's responsibility to deliver the signed form to both parties.

Full Name: _____

Employee ID No.: _____ - _____ - _____ - _____

Signature: _____ Date: _____

Please mail your completed form to: **SRPE, 6798 Caroline Street, Milton, FL, 32570.**
You may also email this completed form to: srea@floridaea.org



SANTA ROSA PROFESSIONAL EDUCATORS MEMBERSHIP CANCELLATION FORM

I hereby authorize you, Santa Rosa County School District, according to arrangements agreed upon with the Santa Rosa Professional Educators, to cancel my membership.

I understand that my contract with Santa Rosa Professional Educators will be revoked by me with this thirty-day (30) written notice to the School District and to the Santa Rosa Professional Educators. It is the employee's responsibility to deliver the signed form to both parties.

Full Name: _____

Employee ID No.: _____ - _____ - _____ - _____

Signature: _____ Date: _____

Please mail your completed form to: **Payroll Department, 5086 Canal Street, Milton, FL, 32570.**
You may also email this completed form to: srea@floridaea.org