Santa Rosa Education Association

*Stand United for the Cause * www.SantaRosaEA.org * 850.564.6934 * SREA@floridaea.org*

Affiliated with the Florida Education Association (FEA), National Education Association (NEA) and American Federation of Teachers (AFT)

MEMBERSHIP APPLICATION

Full Name: _____ D.O.B: _____

Street Address: _____ City: _____ ZIP: _____

School or Worksite: _____ Employee ID No.: _____ - _____ - _____ - _____

Home Phone No.: (____) _____ Home Email: _____

Work Phone No.: (____) _____ Work Email: _____

Job Title: _____

Classification: _____

Ethnicity	Gender	Florida Reg.Voter	Party Affiliation

Monthly dues are listed below for 2017-2018 school year

Please check one of the following salary categories:

☐ **$30,000 or more: $46.41/mo.**

☐ **$29,999 or less: $23.21/mo.**

As a member of Santa Rosa EA I pledge to do the following:

- ❏ Read the weekly email update sent by Santa Rosa EA.
- ❏ Attend weekly Santa Rose EA meetings to help build a transparent, member-led, issue-driven union.
- ❏ Ask a colleague to join.
- ❏ Serve as a worksite leader.
- ❏ Meet with policy makers to advocate for public education.

ELECTRONIC FUNDS TRANSFER – BANK DRAFT AUTHORIZATION

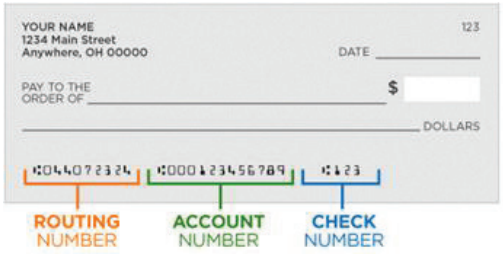
Dues deduction will occur once a month, corresponding with the district payroll schedule. Deductions start in the month following the receipt of this form.

Account Type: ☐ Checking ☐ Savings

Bank Name: _____

Bank Routing Number (9 digit): | | | | | | | | | |

Bank Account Number: | | | | | | | | | | | | | | | | | |



Signature: _____ Date: _____

I certify that the above information is true to the best of my knowledge, and understand that false or misleading information given in my application may result in termination of my SREA membership. My signature indicates that I have read and understand that the Santa Rosa Education Association does not provide any representation for any condition that existed before, or at the time of my signing this application.

Member's Signature _____ Date _____ Recruiter and/or Local Association Representative _____

Please mail your completed form to: Santa Rosa Education Association, PO Box 723, Milton, FL 32570.
You may also fax this completed form to **(850) 942-0673** or email it to **srea@floridaea.org.** For more information call SREA at (850) 564-6934.