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)

THIS MEMBERSHIP OFFER IS FOR A LIMITED TIME ONLY

MEMBERSHIP APPLICATION

Full Name:		D.0.B:			
Street Address:		City:	ZIP:		
School or Worksite:		Employee ID No.:			
Phone No.: ()	Home Cell H	lome Email:	Voter Party Affiliation		
Job Title:	Ethnicity	-	Voter Party Affiliation		
MONTHLY DUES ARE LISTED BELOW FOR 2017-2018 SCHOOL YEAR. PLEASE CHECK ONE OF THE FOLLOWING SALARY CATEGORIES:					
OPTION #1	OPTION #2	OPTION #3	OPTION #4		
Payroll Deduction using "Join Now, Pay Later": Deduct your dues from your monthly paycheck, beginning in March. Legal service protection will become effective 30 days after your first dues payment	Choose Payroll Deduction without "Join Now, Pay Later." If you need legal service protections to begin sooner, deduct your dues beginning with the first paycheck after your enrollment.	Switch from EFT to Payroll Deduc- tion: Opt for no interruption in legal service protections, or opt for "Join Now, Pay Later" and your legal services will resume 30 days after the first payroll dues deduction.	Electronic Fund Transfer: (EFT) De- duct your dues from your checking or savings account.		
TEACHER: \$46.41/mo.		EDUCATION SUPPORT PR	ROFESSIONAL: \$23.21/mo.		
AUTOMATIC PAYROLL DEDUCTION					
ELECTRONIC FUNDS TRANSFER – BANK DRAFT AUTHORIZATION					
Dues payment 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	NAME ADDRESS	0123		

Account type.		NAME ADDRESS CITY STATE 7IP DATE	0123
Bank Name:		PAY TO THE	
Bank Routing Number (9 digit):		ORDER OF SANTA ROSA EDUCATION ASSOCIATION \$	
Bank Account Number:		FOR UNION MEMBERSHIP	
Signature:	Date:		

My signature indicates I have read and understand the Santa Rosa Education Association does not provide any representation for any condition which existed before, or at the time of my signing this application.

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To **inspire, inform, and involve** members creating an innovative and inclusive organization.

Mission:

- » Engage and embrace community through collaboration and professional development to improve student performance.
- » Empower members to advocate for self and students.
- » Elicit support from stakeholders to become innovative in today's climate and promote the values of a strong public education system.

Please mail your completed form to: Santa Rosa Education Association, Central Panhandle Service Unit, 2655 Capital Circle NE, Suite 7, Tallahassee, FL 32308.

You may also fax this completed form to **(850) 942-0673** or email it to **srea@floridaea.org.** For more information call CPSU at **(850) 942-0672**.