

POLK EDUCATION ASSOCIATION MEMBERSHIP/PAYROLL DEDUCTION CARD

I authorize my employer, The Polk County School Board of Polk County Florida, to deduct the amount indicated and remit same as instructed by the Association. I understand that the deduction amount may change and consent to such change without the necessity of additional authorization. This authorization may be revoked with a thirty (30) day written notice to the Polk Education Association.

PLEASE PRINT

Name: _____ Soc. Sec. No. _____ - _____ - _____
(last) (first) (mi)

Address: _____ Monthly Deduction Amt. \$24.74

City: _____ Zip: _____ DOB: ____ / ____ / ____

Worksite: _____ Home e-mail address: _____

Homephone: _____ Cell Phone: _____

Method of

Payment: ____ Payroll Deduction ____ Cash Secretary/ESP

Signature of

Employee: _____ Date: _____

Local Association Representative: _____

AFT Local Number: 7454

NEA Local Number: Teachers (530) Paras (531) Secretaries (532)