

Please fill out the form, sign it and send it to through the courier. Polk Education Association, Route E

Or

US Mail

730 East Davidson St. Bartow, FL 33830

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: _____ (last) (first) (mi)	Soc. Sec. No. _____ - _____ - _____
Address: _____	Monthly Deduction Amt \$27.54
City: _____	Zip: _____
Worksite: _____	DOB: ____/____/____
Homephone: _____	Home e-mail address: _____
Method of Payment: _____	Cell Phone: _____
_____ Payroll Deduction _____ Cash	
_____ Paraeducator	
Signature of Employee: _____	SAP# _____ Date: _____
Local Association Representative: _____	
AFT Local Number: 7454	NEA Local Number: Teachers (530) Paras (531) Secretaries (532)