

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