

**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. \$54.69

City: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Worksite: \_\_\_\_\_ Home e-mail address: \_\_\_\_\_

Homephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Method of

Payment: \_\_\_\_\_ Payroll Deduction \_\_\_\_\_ Cash \_\_\_\_\_ Teacher

Signature of

Employee: \_\_\_\_\_ SAP# \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Association Representative: \_\_\_\_\_

AFT Local Number: 7454

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

webform

Complete the form and return it to PEA by:

Courier—PEA , Route E

US Mail—730 East Davidson St., Bartow, 33830