



MEMBERSHIP FORM

For Paraprofessionals and Office Staff Only

Updated 12/27/11 Effective Date 2012-2013

Worksite Code: _____

Social Security No.		Position		Work Site/Department	
NAME - Last		First & Middle		Home e-mail address	
Home Address			City	State Fl	Zip
					Home Phone () _____ Area Code
Race *	Registered to Vote? YES NO	Sex M F	Date of Birth (MMDDYY) / /	Work Phone () _____ Area Code Ext _____	Referred By ___Teacher ___Staff

* This information is used to assure that representation on boards, committees, etc. accurately reflects our diverse membership.

I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described below and as are certified by the Association to the School Board for each year thereafter from my salary and direct and authorize my employer to pay such amounts to the Association in accordance with payroll deduction procedures in effect; provided, however, I may cancel my membership and this authorization by providing 30 days written notice (must include SSN and be Signed) to the Association (VESA) notifying them of such revocation as provided by law. Your cancellation will be sent to the School Board (Payroll) to stop your deduction.

I hereby certify that I wish to be a member of VESA, FEA, AFT, AFL-CIO and NEA with all rights and privileges therein with the payment of my complete dues in one of the following ways by selecting salary range and circle amount under checks

<u>MUST SELECT ONE</u>	** ANNUAL INCOME	20 Checks	22 Checks	24 Checks
Payroll Deduction	Under \$15,000	\$ 7.50	\$ 6.82	\$ 6.25 Qtr
Payroll Deduction	\$15,000 - 30,000	\$13.50	\$12.27	\$11.25 Half
Payroll Deduction	Above \$30,000	\$26.15	\$23.77	\$21.79 Full

CASH MEMBER I hereby agree to pay to the Association the dues and assessments described above and as may be prescribed by the Association and certified to the School Board for each year thereafter. **Check enclosed for \$ _____** (Select applicable amount above according to annual income)

SIGNATURE OF MEMBER	_____ Date Signed	_____ Date Received at VESA
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Must be signed and dated