



Be part of your Union and join your colleagues in protecting due process and promoting a quality public education for all children.

Marion Education Association
2801 SW College Road Suite 14
Ocala, FL 34474-4430
Phone (352) 237-6275 Fax (352) 237-1442

Last 4 SSN

Empty box for last 4 SSN

Form with fields: FIRST NAME, MIDDLE INITIAL, LAST NAME, ADDRESS, CITY, FL, ZIP CODE, PERSONAL PHONE #, PERSONAL E-MAIL, INITIAL WORKSITE

Gender, Date of Birth, Registered Voter, Party Affiliation, Race, Hispanic Origin

MEA Payroll Deductions
2017 - 2018
\$37.28 X 20 Pay Periods

Payroll Deduction Authorization. I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described above, and as are certified annually by the Association each year thereafter, from my salary; and I further direct and authorize my employer to pay such amounts to the Association in accordance with the payroll deduction amounts in effect; provided, however, that I may cancel my membership according to the language stated in the current Collective Bargaining Agreement.

APPLICANT SIGNATURE DATE LOCAL ASSN. REPRESENTATIVE

Polo Shirt: Men \_\_\_ Women \_\_\_ Size \_\_\_\_\_