MARION EDUCATION ASSOCIATION

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-

Last 4 SSN	**FIRST NAME**	**MIDDLE INITIAL**	**LAST NAME**

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
2018 – 2019
$37.58 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 _____