Osceola Classroom Teachers Association

722 Mabbette Street

Kissimmee, FL 34741

Phone (407) 870-4648 Fax (407) 846-8909

Affiliated with FEA/NEA/AFT/AFL-CIO

SOCIAL SECURITY NUMBER

☐ I am interested in volunteering for my Association

	Last Name	First Name	M.I.
Name			

Address			
City, State & Zip			
Home Phone	( )	Personal E-mail	
Work Site		Work Phone	( )
Work E-mail			

Subject Taught	Position	Grade Level	Ethnicity	Sex
Year of Birth	Registered Voter ( ) Yes ( ) No	Party Affiliation		Precinct Number

( ) Payroll Deduction. I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described above 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 to the School Board and Association notifying them of such revocation as provided by law.

( ) 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.

X _____ _____ _____

Member's Signature | Date | Recruiter's Name (Please Print) | Work Site

OCTA 20 Payroll Deductions 2008-2009
$30.80 per pay