

2019-2020 MEMBERSHIP APPLICATION



St. Johns Education Association
 1260 F North Ponce de Leon Blvd.
 St. Augustine, FL 32084

Northeast Florida Service Unit
 1855 Wells Road, Unit 5A
 Orange Park, FL 32073
 Phone: 904-264-8810

St. Johns Education Association

SCHOOL OR WORKSITE

X X X—X X— _ _ _ _ _

SOCIAL SECURITY NUMBER *(Last four digits)*

LOCAL ASSOCIATION

BIRTHDATE

FIRST NAME	MI	LAST NAME
ADDRESS		
CITY & STATE		ZIP
HOME PH	CELL PH	
PERSONAL EMAIL		

Please indicate one below:

- 19 Deductions of \$37.27
Teacher
- 19 Deductions of \$18.99
Associate Teacher

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. I understand \$1.00 of my dues goes to SJEA's local PAC and can be reimbursed to me, if I request.

Cash Member. I agree to pay to the Association the dues and assessment described above and as may be prescribed by the Association and certified to the School Board for each year thereafter by Sept. 15th of each year or within 30 days of becoming a member of SJEA. I understand \$1.00 of my dues goes to SJEA's local PAC and can be reimbursed to me, if I request.

BE INVOLVED!
 Please indicate any committees or areas of interest in which you would be willing to participate.

	Membership		Communications/ Social Media		Attending Bargaining Sessions
	Public Relations		Scholarship		Social Events
	Elections		Grievance		Professional Development
	Political Action		MLK, Jr Celebration		FYRE: Florida's Young Remarkable Educators <i>(for teachers under 35)</i>
	Bargaining Team				

MEMBER'S SIGNATURE

DATE

LOCAL ASSOCIATION REPRESENTATIVE

SEND COMPLETED APPLICATION TO KATE DOWDIE AT PALENCIA ELEMENTARY VIA INTEROFFICE MAIL. DO NOT FAX THIS FORM.