



2022-2023



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

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

<b>First Name</b>		<b>M.I.</b>		<b>Last Name</b>	
<b>Address:</b>					
<b>City:</b>		<b>FL</b>		<b>Zip Code:</b>	
<b>Cell Phone:</b>		<b>Personal Email:</b>			
<b>Work Site:</b>					
<b>Gender</b>	<b>Date of Birth</b>	<b>Registered Voter</b>	<b>Party Affiliation</b>	<b>Race</b>	<b>Hispanic Origin</b>
	___/___/___	Y N			

**Get Involved in your professional association** (check any areas of interest)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Worksite Leadership Team | <input type="checkbox"/> Issue Advocacy            | <input type="checkbox"/> District & Union Committees         |
| <input type="checkbox"/> Membership Development   | <input type="checkbox"/> Bargaining & Negotiations | <input type="checkbox"/> Professional Development & Training |
| <input type="checkbox"/> Government Relations     | <input type="checkbox"/> Community Outreach        |  |

**SCEA 24 Payroll Deductions 2022-2023**  
**\$31.17 per pay period**

Membership Commitment: Yes, I want to join my colleagues by becoming a member of the NEA, AFT, FEA, AFL-CIO, Service Unit and SCEA. I hereby request and voluntarily accept membership in the NEA, AFT, FEA, AFL-CIO, Service Unit, and SCEA, and agree to abide by the Constitution and Bylaws of all organizations.

Payroll Deduction Authorization. I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described on this document, 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. I fully understand that the annual dues required for membership in the six organizations are subject to periodic change by the six governing bodies of the organizations. This authorization continues annually regardless of my membership status, unless (a) I revoke this authorization upon 30 days' notice in writing sent via email, fax or US mail to the employer and employee organization according to Florida Statue 447.303, or (b) my employment with the school district ends.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT, AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

<b>Applicants Signature</b>	<b>Date</b>	<b>Local Association Representative</b>