



1007 S. Florida Ave Rockledge, FL 32955

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Employee ID  Grade/Subject*  Full Time* Part Time Part Time  Home Address*  Street Address  Street Address  City State  Postal / Zip Code Country  Home/Personal Email*  Terms of Service* Brevard Federation of Teachers Dues Authorization, \$27, pay period. Payroll Deduction: I hereby agree to pay and authorize my employer to deduct the dues and assessm described below 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! Association in accordance with payroll deduction proced in effect; provided, however, I may cancel my membersh this authorization by providing 30 days written notice to Association notifying them of such revocation as provide law.	Membership Applica First Name*	tion	
Employee ID  Grade/Subject*  Full Time*  Part Time  Home Address*  Street Address  Street Address Line 2  City  State  Postal / Zip Code  Country  Home/Cell Phone*  ### ####  Home/Personal Email*  Terms of Service*  Brevard Federation of Teachers Dues Authorization, \$27 pay period. Payroll Deduction: I hereby agree to pay and authorize my employer to deduct the dues and assessm described below as are certified by the Association to the School Board for each year thereafter from my salary and infect and authorize my employer to pay such amounts Association in accordance with payroll deduction proceed in effect; provided, however, I may cancel my members this authorization by providing 30 days written notice to Association notifying them of such revocation as provide	Last Name*		
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Contact Anthony.colucci@floridaea.org © 1970 by Brevard Federation of Teachers

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