

PCTA – PESPA Standing Strong: 88 Years of Making a Difference Every Day!

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## Pinellas Classroom Teachers Association Pinellas Educational Support Professionals Association 650 Seminole Blvd, Largo, FL 33770

First:		Last:				MI:		
Worksite:	Subject:		Social Security #					
Job Title:				Birth Date:				
Home #	Cell #	Cell #						
Address:			City:		Zip:			
Home Email:								
School Email:								
Reg. Voter: Yes / No		Race / Ethnicity:				Sex:	M / F	
PCTA- \$34.50 Bi-Weekly d	eduction			•				
Member's Signature:			Date:					
Referred by:								

PLEASE call 727-585-6518 any time there are changes in any of the information above. Signing this form authorizes the Association named above to make deductions for dues, assessments and contributions. By signing this form, I affirm that I am an employee of Pinellas County Schools and desire to be represented for purposes of collective bargaining by PCTA-PESPA, an employee organization pursuant to Section 447.303 Florida Statutes.

PAYROLL DEDUCTION: I hereby agree to pay, and authorize my employer to deduct the dues, assessments and contributions 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, how- ever, I may cancel my membership and this authorization by providing 30 days written notice to the Association notifying it of such revocation as provided by law It may take up to 30 days for payroll deductions to cease, however union services are terminated upon receipt of drop form I further understand that dues may be adjusted annually as prescribed in the Association's governing documents and the employer is authorized to withhold any increased amount unless this authorization is terminated.

For office use only:

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