TO: ACEA VIA: TRUCK MAIL

| Alachua County Education Association, FEA, NEA, AFT #3749 Payroll Deduction (Please Print Clearly) | | | | | |
|--|--|------------|-----------------------------|---------------------|--|
| Last Name | First | Middle | Job Title | | |
| Home Address | City | Zip | Phone (Home) | Cell | |
| with this authorization, and relieve the School Board and all its officers from liability thereof. This authorization shall remain in full force and in effect while I am employed by this district. In order to be revoked by me, I must contact the Association in writing. It is the member's responsibility to contact ACEA if said member becomes ineligible for union membership. According to ACEA's By-laws, | | | PLEASE CHECK ONE: | , | |
| ACEA will only reimburse dues under these c 30 days upon receipt of written verification to t Signature | ircumstances up to three months or six pay perio he Association. | © © | → ACEA Authorization | Amount of Deduction | |

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