Membership Form

PCTA ☐ **PESPA** ☐ **(Please check ✓ one)**

Pinellas Classroom Teachers Association
Pinellas Educational Support Professionals Association
650 Seminole Boulevard
Largo, Florida 33770

Social Security # _____ Worksite _____

Home Phone _____ Job Title _____

Cell Phone _____ Subject _____ Grade _____

Last _____ **First** _____ **MI** _____

Address _____

City/Zip _____

HOME E-Mail address _____

Birth Date	Race/Ethnic	Sex (M / F)	Reg. voter (Yes / No)	Party	Precinct

PLEASE call 585-6518 anytime you change any of the information above. Thanks!

☐ Contact me with an E-Mentor. A National Board Certified Teacher will assist you in your transition to this new position.

Signing this form authorizes the Association named above to make deductions for dues, assessments and contributions.

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, however, 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.

PCTA 2008-2009
Total Unified Dues
Per Year - $597.27
Per bi-weekly payroll deduction - **$29.87**

PESPA 2008-2009
Total Unified Dues
Per Year - $298.10
Per bi-weekly payroll deduction - **$14.91**

_____ _____ _____

Member's Signature Date Association Rep/member (not required)