

Membership Form
Okaloosa County Education Association
Okaloosa County Educational Support Professional Association

Last four digits SSN:

School or Work Site:

For membership in: (Circle one)

OCEA

OCESPA

Name:	Last Name	First Name	MI
Address:			
City & State			Zip
Home Phone	()	Home Email:	
Cell Phone	()	School Email:	

Payroll Deduction: I hereby agree to pay and authorize my employer to deduct the dues 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 School Board and the Association notifying them of such revocation as provided by law. Furthermore, if I receive a membership incentive (dues rebate or a "free months" promotion), I will not cancel membership during the first twelve (12) months without reimbursing OCEA or OCESPA for said incentives.

Cash Member: I hereby agree to pay to the Association the adopted dues and assessments in full and as may be prescribed by the Association and certified to the School Board for each year thereafter.

SIGNATURE

DATE