



OKALOOSA

EDUCATION STAFF PROFESSIONALS

MEMBERSHIP FORM

Last four digits SSN:

School or Work Site:

	Last Name	First Name	MI
Name:			
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 OESP to the School Board for each year thereafter from my salary and direct and authorize my employer to pay such amounts to the OESP 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 OESP 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 the OESP for said incentives.
- Cash Member:** I hereby agree to pay to the OESP the adopted dues and assessments in full and as prescribed by the OESP and certified to the School Board for each year thereafter.

SIGNATURE

DATE

For OESP: _____