



Citrus County Education Association
2801 SW College Road Suite 14
Ocala, FL 34474-4430
Phone (352) 237-6275 Fax (352) 237-1442

2021-2022



Be part of your Union and join your colleagues in protecting due process and promoting a high quality public education for all children.

First Name		M.I.		Last Name	
Address:					
City:		FL		Zip Code:	
Cell Phone:		Personal Email:			
Work Site:					
Gender	Date of Birth	Registered Voter	Party Affiliation	Race	Hispanic Origin
	___/___/___	Y N			
Please choose one: <input type="checkbox"/> Instructional <input type="checkbox"/> Non-Instructional <input type="checkbox"/> Part Time					
Get Involved in your professional association (check any areas of interest)					
<input type="checkbox"/> Worksite Leadership Team		<input type="checkbox"/> Issue Advocacy		<input type="checkbox"/> District & Union Committees	
<input type="checkbox"/> Membership Development		<input type="checkbox"/> Bargaining & Negotiations		<input type="checkbox"/> Professional Development & Training	
<input type="checkbox"/> Government Relations		<input type="checkbox"/> Community Outreach			

CCEA 24 Payroll Deductions
2021-2022

Instructional: \$30.94 per pay period
Non-Instructional: \$16.86 per pay period
Part Time: \$12.42 per pay period
(4 Hours or Less)

Membership Commitment: Yes, I want to join my colleagues by becoming a member of the NEA, AFT, FEA, AFL-CIO, Service Unit and CCEA I hereby request and voluntarily accept membership in the NEA, AFT, FEA, AFL-CIO, Service Unit, and CCEA, and agree to abide by the Constitution and Bylaws of all organizations.

Payroll Deduction Authorization. I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described on this document, and as are certified annually by the Association each year thereafter, from my salary; and I further direct and authorize my employer to pay such amounts to the Association in accordance with the payroll deduction amounts in effect; provided, however, that I may cancel my membership according to the language stated in the current Collective Bargaining Agreement. I fully understand that the annual dues required for membership in the

six organizations are subject to periodic change by the six governing bodies of the organizations. This authorization continues annually regardless of my membership status, unless (a) I revoke this authorization upon 30 days' notice in writing sent via email, fax or US mail to the employer and employee organization according to Florida Statute 447.303, or (b) my employment with the school district ends.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT, AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Applicants Signature	Date	Local Association Representative

PLEASE RETURN COMPLETED FORM VIA EMAIL TO:
VALERIE.SMITH@FLORIDAEA.ORG OR BY FAX TO: (352) 237-1442.