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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