

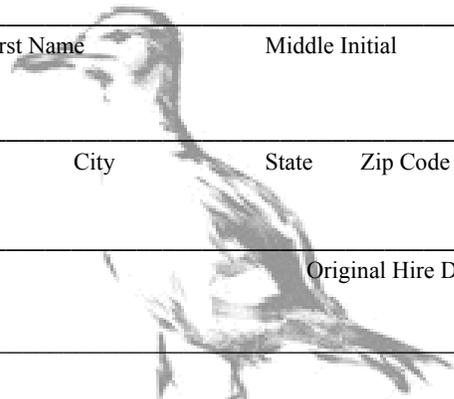
Collier County Association of Educational Office & Classroom Assistant Personnel (CCAEOCAP)
MEMBERSHIP ENROLLMENT FORM

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Phone Original Hire Date

Home E-Mail Address: _____



Employee ID: _____
School Worksite: _____
Payment Plan:
_____ Cash [Check # _____]
_____ Payroll Deduction

FOR OFFICE USE ONLY	
DB:	_____
CCPS:	_____
RB:	_____

I hereby authorize the District School Board of Collier County, according to arrangements agreed upon with the CCAEOCAP, to deduct from my salary and transmit to said Association such dues as annually certified by said Association. I hereby waive all rights and claims to said monies so deducted, except as noted below, in accordance with this authorization and relieve the School Board and all its officers from any liability therefor. This authorization shall remain in full force and effect for all purposes while I am employed by this school district or until revoked by me upon thirty (30) days advance written notice to the School Board's Business Office and said Association. The annual dues payments earmarked for the Collier County Education Association may be deductible as a miscellaneous deduction for federal income tax

Employee Signature _____

Date _____

Recruiter's Name _____

Date _____

