

Santa Rosa Professional Educators SRPE

"PERC Certified Since 1975" **New Member Application**



Rather enter your information online?

				50	can c	code QR	code			
SCHOOL OR WORKSITE INSTRUCTIONAL OR NON-INSTRUCTIONAL (ESP)							EMPLOYEE ID NUMBER			
						DATE OF BIRTH (Month/Day/Year) PREFERRED CONTACT PHONE NUMBER				
HOME EMAIL ADDRESS										
FIRST NAME M				MIDI	DLE IN	ITIAL	LAST NAME			
STREET ADDRESS				CITY			ST	ATE	ZIP CODE	
Please answer the followi	ng questio	ns: (circl	e answer)							
Have you ever been disc Have you ever had job p	•				-		No nce plan?	Yes	No	
nembers. I further understand that	at there will be	a two (2)	month probati	onary period	that I m	nay have fewer in esentation for a	rights than I will e ny condition that	enjoy after existed be	ve in my application may result in termination of my SRPE er this period. During this period SRPE's ability to represent before, or at the time of my signing this application.	
Prefer to pay by check? more details at the botto	-	-		ft informat	tion aı	nd attach a	check for you	ur annu	ual dues amount to receive 10% off. Find	
Bank Name								t Type: (Checking Savings	
Please attach a voided check for accuracy If you do not have a voi your bank routing and account number on your monthly bank statemen app, or by contacting your bank directly.									YOUR NAME 123 124 Main Street Anywhere, OH 00000 DATE PAY TO THE \$ ORDER OF	
Bank Routing Number										
Bank Account Number									ROUTING ACCOUNT CHECK NUMBER NUMBER NUMBER NUMBER	
equal recurring deductions (cor \$25/mo credit cards will incur	responding w additional pro and all its off irty (30) days	ith the dist cessing fe ficers, emp written rev	rict payroll sch e- see website loyees, and a vocation notice	nedule), base e for details). gents from ar e to SRPE.	d on my I hereby ny liabilit	/ salary amount y waive all right	(40k or more= \$ and claim to said authority shall re	648.15/mo. d monies s emain in fu	ed above, dues as annually certified by said SRPE, in p. <u>or</u> 22k-39,999k= \$28.00/mo. <u>or</u> 21,999k and under= so deducted and transmitted in accordance with this ull force and effect for all purposes for the duration of this	
Send comple	eted form	า via U	S mail or	worksite	e cou	rier to: SR	RPE, 6798 C	Carolin	ne Street, Milton, Florida 32570	
	Fill out	the fol	lowina ir	nformati	on if	vou are r	aying by	check.		
How to Pay by Check: Attach a check to this form for the annual dues									Allitual Salary Allibulit	
*Make check payable to: S	RPE								22k-39,999k: \$28.00/mo. x 12= \$336.00 - 10% = \$ 302.	
Send completed form with check to SRPE via worksite courier, or US mail. Confirmation will be provided to ar cash/check member upon receipt of payment to SRPE.										
Annual cash/check member	s will receive	e a renev	val invoice n	ear the end	of thei	ir term.				

option. I hereby agree to pay SRPE the dues and assessments described above and as may be prescribed by SRPE for each year thereafter. This authority shall remain in full force and effect for all purposes for the duration of this agreement, or until receipt of thirty (30) days written revocation notice to SRPE. I further acknowledge that as an annual cash/check member, I will be refunded for the subsequent unused month(s) upon receipt of revocation to SRPE. __ DATE _____ SIGNATURE: _

Cash/Check Payment Authorization: My signature indicates that I agree to continue my membership with SRPE by updating my payment authorization method to the annual cash/check