|  |  |  |
| --- | --- | --- |
| **Last Name:**  | **First Name:** | **MI:** |
| **Address:** | **DOB:** |
| **City:** | **State:** | **Zip Code** |
| **Home phone:** | **Cell number:** |
| **Personal E-Mail Address:** |
| **Work Site:** | **Position:** |
| **Work E-Mail Address:** |

|  |
| --- |
| **Check the appropriate box** |
| \_\_\_ | F/T - $16.76 per pay check P/T -$9.25 per pay check |  | $351.96 Cash/yearly **if your income >$12,800**$194.33 cash/ annually **if your income <$12,800** |

**PLEASE CHECK ONE:**

( ) **Payroll Deduction.** I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described above and as are certified by the Association to the School Board for each year thereafter from my salary and direct and authorize my employer to pay such amounts to the Association 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 Association notifying them of such revocation as provided by law.

 ( ) **Cash Member.** I hereby agree to pay to the Association the dues and assessments described above and as may be prescribed by the Association and certified to the School Board for each year thereafter.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Member’s Signature Date Recruiter’s Name (Please Print) Work Site

\_\_\_\_ I am interested in volunteering for my Association

HESPA

102 S RIDEWOOD DR SUITE #9

SEBRING, FL 33870

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| --- | --- | --- |
| **Last Name:**  | **First Name:** | **MI:** |
| **Address:** | **DOB:** |
| **City:** | **State:** | **Zip Code** |
| **Home phone:** | **Cell number:** |
| **Personal E-Mail Address:** |
| **Work Site:** | **Position:** |
| **Work E-Mail Address:** |

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 Member’s Signature Date Recruiter’s Name (Please Print) Work Site

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