



Santa Rosa Professional Educators SRPE

"PERC Certified Since 1975"
New Member Application



Rather enter your information online?
Scan code QR code



SCHOOL OR WORKSITE

EMPLOYEE ID NUMBER

INSTRUCTIONAL OR NON-INSTRUCTIONAL (ESP)

DATE OF BIRTH (Month/Day/Year)

HOME EMAIL ADDRESS

PREFERRED CONTACT PHONE NUMBER

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

Please answer the following questions: (circle answer)

1. Have you ever been disciplined as a SRCSD employee or at a previous job? Yes No
2. Have you ever had job performance issues or been placed on any sort of performance plan? Yes No

My signature indicates the above information is true to the best of my knowledge. I understand that false or misleading information give in my application may result in termination of my SRPE members. I further understand that there will be a two (2) month probationary period that I may have fewer rights than I will enjoy after this period. During this period SRPE's ability to represent me by be limited. My signature indicates that I understand that SRPE does not provide any representation for any condition that existed before, or at the time of my signing this application.

SIGNATURE: _____

Prefer to pay by check? Skip filling out your auto draft information and attach a check for your annual dues amount to receive 10% off. Find more details at the bottom of this application.

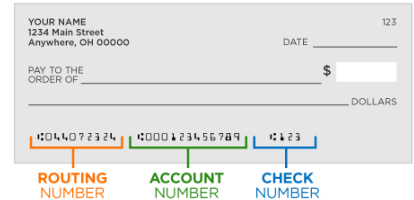
Bank Name _____

Account Type: Checking Savings

Please attach a voided check for accuracy If you do not have a voided check, you can locate your bank routing and account number on your monthly bank statement, within your mobile banking app, or by contacting your bank directly.

Bank Routing Number

Bank Account Number



Auto draft Deduction-I hereby authorize the Santa Rosa Professional Educators (SRPE) to deduct from my bank account specified above, dues as annually certified by said SRPE, in equal recurring deductions (corresponding with the district payroll schedule), based on my salary amount (30k or more= \$46.15/mo. and 29,999k or less= \$24/mo). I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve SRPE and all its officers, employees, and agents from any liability thereof. 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.

SIGNATURE: _____ DATE _____

Send completed form via US mail or worksite courier to: SRPE, 6798 Caroline Street, Milton, Florida 32570

Fill out the following information if you are paying by check.

How to Pay by Check: Attach a check to this form for the annual dues amount specified (10% discount reflected):

*Make check payable to: SRPE

Send completed form with check to SRPE via worksite courier, or US mail. Confirmation will be provided to annual cash/check member upon receipt of payment to SRPE.

Annual cash/check members will receive a renewal invoice near the end of their term.

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 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.

SIGNATURE: _____ DATE _____

RECRUITER NAME (IF APPLICABLE): _____

Annual Salary Amount
Over 30k:
 \$46.15/mo. x 12= \$553.80 -
 10% = \$ 498.42
Under 30k:
 \$24.00/mo. x 12= \$288.00 -
 10% = \$ 259.20