

SANTA ROSA PROFESSIONAL EDUCATORS

Help Us Help You!

_____ SCHOOL OR WORK SITE		_____ BIRTH DATE (Day/Month/Year – xx/xx/xxxx)	
_____ EMPLOYEE ID #		_____ JOB TITLE	_____ CLASSIFICATION
_____ LAST	_____ FIRST	_____ MI	
_____ ADDRESS Line 1			
_____ ADDRESS Line 2			
_____ CITY	_____ STATE	_____ ZIP Code	
_____ HOME PHONE	_____ HOME EMAIL		
_____ WORK PHONE	_____ WORK EMAIL		
_____ ETHNICITY	_____ SEX	_____ PARTY AFFILIATION	

DUES by Salary (Check One) \$30,000 or more: <input type="checkbox"/> \$46.15/month \$29,999 or less: <input type="checkbox"/> \$24/month
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Payroll Deduction. I hereby authorize the School District of Santa Rosa County to deduct from my salary and transmit to the Santa Rosa Professional Educators, dues as annually certified by said SRPE in equal monthly deductions. I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the School District and all its officers 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 notice to the School District and to the Santa Rosa Professional Educators.

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

Please answer the following questions before signing this application:

1. Have you ever been terminated or resigned in lieu of termination from a job? Yes No
2. Have you ever been disciplined in a previous job? Yes No
3. Have you ever had job performance issues that resulted in any sort of performance plan? Yes No

I certify that the above information is true to the best of my knowledge, and understand that false or misleading information given in my application may result in termination of my SRPE membership. My signature indicates that I have read and understand that the Santa Rosa Professional Educators does not provide any representation for any condition that existed before, or at the time of my signing this application.

_____ SIGNATURE	_____ DATE (xx/xx/xxxx)	_____ Local AR and/or Recruiter
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