

UNITED SCHOOL EMPLOYEES OF PASCO

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| SOCIAL SECURITY NO. | PRINT NAME (LAST NAME, FIRST NAME) | WORKSITE | JOBTITLE |
| ADDRESS | | CITY | STATE ZIP CODE |
| () - | E-MAIL ADDRESS | | For USEP Use Only Date Received: _____ Sent to District: ___/___/___ MS: ___/___/___ MP: ___/___/___ |
| HOME PHONE | | | |
| USEP CONTINUING MEMBERSHIP APPLICATION | | | |
| <input type="checkbox"/> PAYROLL DEDUCTION I authorize the District School Board of Pasco County to deduct membership dues from my paycheck to be remitted to the United School Employees of Pasco. I understand that I may terminate these deductions at any time by submitting thirty (30) days written notice to the School Board and USEP. | | | |
| _____ Signature | | _____ Date | |
| <input type="checkbox"/> CASH PAY | | | |
| IRS TAX DISCLOSURE REQUIREMENT Dues paid to United School Employees of Pasco may not be deductible for federal income purposes; however, under limited circumstances, dues may qualify as a business expense. | | | |

Recruiting Member (please print)

PLEASE PRINT CLEARLY AND RETURN THROUGH THE COURIER