

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