

UNITED SCHOOL EMPLOYEES OF PASCO

50 for 50

EMPLOYEE ID	PRINT NAME (LAST NAME, FIRST NAME)	WORKSITE	JOBTITLE
ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	PERSONAL E-MAIL ADDRESS (not your @pasco.k12.fl.us e-mail)		For USEP Use Only Date Received:
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 by officially notifying USEP in writing and following revocation process. _____ Signature Date			
<input type="checkbox"/> CASH PAY By accepting the Incentive and submitting this membership application to USEP, I agree to remain a USEP member through January of the following school year.			
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