

UNITED SCHOOL EMPLOYEES OF PASCO

Regular Card 2018

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

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 _____

CASH PAY

By 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