



# 2019-2020

Be part of your Union and join your colleagues in protecting due process and promoting a high quality public education for all children.

**Citrus County Education Association**

**2801 SW College Road Suite 14**

**Ocala, FL 34474-4430**

**Phone (352) 237-6275 Fax (352) 237-1442**

**PLEASE PRINT LEGIBLY**

First Name		M.I.		Last Name	
Address:					
City:		FL		Zip Code:	
Cell Phone:		Personal Email:			
Worksite:					
Gender	Date of Birth	Registered Voter	Party Affiliation	Race	Hispanic Origin
<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE SELECT ONE:					
<input type="checkbox"/> INSTRUCTIONAL		<input type="checkbox"/> NON-INSTRUCTIONAL		<input type="checkbox"/> PART-TIME (4 HOURS OR LESS)	

## CCEA 24 Payroll Deductions 2019-2020

**Instructional: \$30.67 per pay period**

**Non-Instructional: \$16.75 per pay period**

**Part Time: \$12.36 per pay period  
(4 Hours or Less)**

## Get Involved!

CCEA has a variety of opportunities for members to engage in the work of their association.

Please check any areas of interest.

- |  |   |
|--|---|
| <input type="checkbox"/> Membership & Organizing   | <input type="checkbox"/> Issue Advocacy           |
| <input type="checkbox"/> Bargaining & Negotiations | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Community Outreach        | <input type="checkbox"/> Worksite Leadership      |
| <input type="checkbox"/> District/Union Workgroups |   |

Payroll Deduction Authorization. I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described above, and as are certified annually by the Association each year thereafter, from my salary; and I further direct and authorize my employer to pay such amounts to the Association in accordance with the payroll deduction amounts in effect; provided, however, that I may cancel my membership according to the language stated in the current Collective Bargaining Agreement.

Applicants Signature	Date	Local Association Representative