



2019-2020 Dues

\$31.36 per month.

For WCSP Office Use Only:

IMS # _____

Date Payroll _____ NMP _____

Walton County Support Professionals Membership/Payroll Deduction Card

I authorize my employer, Walton County School District, to deduct the amount indicated and remit as instructed by the Association. I understand that the deduction amount may change and consent to such change without the necessity of additional authorization. This authorization may be revoked with a thirty (30) day written notice to the WCSP.

PLEASE PRINT LEGIBLY

Name: _____

Last 4 Digits SS# _____ District Employee ID# _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Home Email: _____ Who Reached Out To Share The Importance of Joining? _____

Work Site: _____ D.O.B: _____ Registered Voter? Yes _____ No _____

Job Title: _____ Race: _____ Sex: _____

Signature of Employee: _____ Date: _____

Return this membership card to Lisa Williams, WCSP Office Manager @ lisa.williams@floridaea.org or call 850-763-3416 for remittance options.