

**ASSOCIATION OF BAY COUNTY EDUCATORS
PAYROLL DEDUCTION CARD**

I authorize my employer, The Bay County School Board, to deduct the amount indicated and remit same 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 Association of Bay County Educators.

PLEASE PRINT

Name _____

Social Security Number _____

Address _____

City _____

Home Phone _____

Zip _____

Date of Birth _____

Race _____

Gender _____

Email address (home & school) _____

Worksite _____

Subject _____

Grade _____

Method of Payment _____ Payroll Deduction

_____ Cash*

Registered Voter? _____

Party Affiliation _____

Signature _____

Date _____

Local Association Representative _____

***If you choose to pay cash it is YOUR responsibility to make the payments, no bills will be sent, if you fail to make payments your membership will be discontinued.**