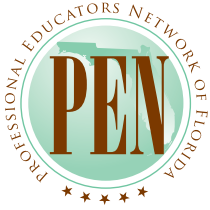


Professional Educators Network of Florida Payroll Deduction Request



Please print, complete, and mail or fax application to:
Professional Educators Network of Florida
7855 Argyle Forest Blvd., Suite 304
Jacksonville, FL 32244
FAX: 904 647 7392

IMPORTANT: The following counties offer payroll deduction. If your county is not listed, you do not qualify for payroll deductions. Bay, Broward, Calhoun, Citrus, Clay, Dixie, Dade, Duval, Escambia, Flagler, Franklin, Gadsden, Hamilton, Hillsborough, Holmes, Jackson, Jefferson, Lake, Lee, Leon, Levy, Liberty, Nassau, Okaloosa, Palm Beach, Polk, Putnam, St. Johns, Santa Rosa, Taylor, Volusia, Wakulla, Walton, Washington.

First Name: _____ Middle Intl. _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Phone Number : _____

School: _____ County: _____

Personal Email Address: _____

Type of Membership

- Professional - \$180 - \$15 monthly
- Husband/Wife Discount - \$255 - \$21.25 monthly
- First Year Teacher - \$100 - \$8.33 monthly
- Associate - \$130 - \$10.83 monthly

Note: The amount taken from each check is dependant upon how many checks you recieve each year. If you receive 24 paychecks and you have a professional membership, \$7.50 will be taken out of each paycheck.

Payroll Deduction:

I authorize my employer, the _____ County School Board, to deduct from my salary and transmit to the Professional Educators Network of Florida (PEN) dues annually certified by PEN. I hereby waive all rights and claims to said monies so deducted and transmitted in accordance with this authorization and relieve the school board and all its officers from any liability thereof. This authority shall remain in effect until revoked by me in writing upon thirty (30) days written notice to the school board and to PEN.

SIGNATURE REQUIRED

DATE