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*APPENDIX I - DEDUCTION AUTHORIZATION*

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Collier County Education Association, Inc. (CCEA)

\_\_\_\_\_ Social Security Number

MEMBERSHIP ENROLLMENT FORM

\_\_\_\_\_ School/Work Site

\_\_\_\_\_ Last Name First Name Middle Initial

\_\_\_\_\_ Mailing Address City State Zip Code Phone  
FL (239)

Payment Plan:      Cash (Paid Check No.\_\_\_\_\_)     OR      Payroll Deduction

*I hereby authorize the District School Board of Collier County, according to arrangements agreed upon with the CCEA, to deduct from my salary and transmit to said Association such dues as annually certified by said Association. I hereby waive all rights and claims to said monies so deducted, except as noted below, in accordance with this authorization and relieve the School Board and all its officers from any liability therefor. This authorization shall remain in full force and effect for all purposes while I am employed by this school district or until revoked by me upon thirty (30) days advance written notice to the School Board's Business Office and said Association. The annual dues payments earmarked for the Collier County Education Association may be deductible as a miscellaneous deduction for federal income tax purposes.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_