Please complete form and mail

Tennessee State Employees Association

Membership Application

Membership dues deduction authorization. **Please Print.**

Name _____ Social Security Number _____

Department _____ Job Title _____

Facility or location _____

I, the undersigned, hereby authorize the State of Tennessee to deduct, from my pay, membership dues each month and pay such dues to the Tennessee State Employees Association, which is a qualified state employee association.

I, the undersigned, understand that this authorization is to become effective immediately. I understand that I may revoke this authorization by written notification at any time. Any deductions made from my compensation within thirty (30) days of the effective date of this authorization shall be refunded by the association if revocation is made within such thirty (30) day period. I also understand that the amount of membership dues deduction may increase or decrease if the association approves an increase or decrease in dues in accordance with its bylaws and rules of procedure. Upon notification to me by the association of an increase or decrease in dues, I understand that I will again have an opportunity to revoke this authorization and receive a refund equal to one month's dues if revocation is made within a thirty (30) day period from the date of notification. I understand that my membership payroll deduction will continue until after the association receives my written notification of cancellation.

Your membership is valid only as long as deductions are being withheld from your pay. If your dues deductions cease for any reason, complete another application form and mail to TSEA for reinstatement. Upon retirement maintain your membership in TSEA by deductions through the TCRS.

Signature _____ **Date** _____

Social Security Number ___ - ___ - ____ Last name _____ First name _____ MI

Work e-mail address _____ Home e-mail address _____

Home address _____

City _____ ST ___ Zip Code _____ Home Phone ___ - ___ - ____

Work Facility _____ Work Phone ___ - ___ - ____ Extension ____

Work Address _____ Fax Number ___ - ___ - ____

Work City _____ ST ___ Zip Code _____ 5-Digit Dept. # _____ 8-Digit Employee ID# _____

Gender: ❑ Male ❑ Female Birth year _____ Hire Date (month and year) _____/_____

Home County _____ Work County _____

Mark one: ❑ Payroll deduction ❑ Cash membership available on 6 or 12 month basis. (Dues enclosed.)

I wish to be a member in the chapter where (choose one): ❑ I live. ❑ I work.

9.132% of your monthly dues will go toward political action to help elect lawmakers who value public services and the employees who provide those services.

If you prefer that percentage to go toward other government relations activities, please check this box. ❑

Signature _____ **Date** _____

Recruiter signature _____ Last four digits of SS# _____

($6.75 per year of your annual dues is for your subscription to *The Co-Worker.*)