

FULTON COUNTY EMPLOYEES' ASSOCIATION (FCEA)



MEMBERSHIP APPLICATION

INVOLVEMENT • UNITY • PROGRESS

EMPLOYEE INFORMATION

Date: _____

Employee Name: _____
(PLEASE PRINT)

Date of Birth: _____ Last Four (4) digits of Social Security#: _____
MM/DD (ONLY)

TO: FULTON COUNTY, GEORGIA, FINANCE DEPARTMENT AUTHORIZATION FOR PAYROLL DEDUCTION

Effective (DATE MM/DD/YY), _____, I hereby request and authorize the Finance Department to deduct from my earnings each **Bi-Weekly** **Monthly Pay Period**, the amount of **\$5.00**. This amount shall be paid to the Fulton County Employees' Association, Inc. and represents payment of my membership dues. This assignment and authorization are continuous until I revoke such assignment and authorization.

Applicant Signature: _____
**Signature of Applicant*

Member Signature: _____
**Signature of FCEA Member Receiving Application*

***BOTH SIGNATURE ARE REQUIRED OR APPLICATION WILL NOT BE PROCESSED**

FCEA COMMITTEES

Are you interested in working on a Committee? **Yes** **No**

If so, which Committee (check all that apply):

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Events | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newsletter | |
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THANK YOU FOR JOINING FCEA!