

SC/TA MEMBERSHIP APPLICATION FORM

XXX-XX-

LAST 4-SOCIAL SECURITY #

FIRST

MIDDLE

LAST

A # (Assigned By District)

ADDRESS

(STREET OR P. O. BOX #)

SCHOOL OR WORK SITE

CITY

STATE

ZIP

JOB TITLE

PHONE

DATE

TO: SARASOTA COUNTY SCHOOL BOARD: I hereby authorize you, according to arrangements agreed upon with the Sarasota County School Board to deduct from my salary and transmit to said Association, such dues as annually certified by said Association. I hereby waive all rights and claim 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 authorization shall remain in full force and effect for all purposes while I am employed in this school system or until revoked by SC/TA or by me in writing to said Association thirty (30) days prior to the next withdrawal date. Please understand that new employees have an approximate six-(6) month probationary period. During this time you will have fewer rights than you will enjoy after this period. During this period our ability to represent you in a proposed termination or non-renewal may be limited.

SIGNATURE: _____ →→→→

SIGNED UP BY:

I am applying for membership in the Sarasota Classified/Teachers Association. I understand that I will not have any representation on any condition that existed before or at the time of my signing this application.

Please answer the following questions before signing the application:

1. Have you ever been terminated or resigned in lieu of termination from a job? YES NO
2. Have you ever been disciplined as a SCSB employee or at a previous job? YES NO
3. Have you ever had job performance issues or been placed on any sort of performance plan? YES NO
4. Have you ever been convicted of a crime? YES NO

The above information is true to the best of my knowledge. I also understand that false or misleading information given in my application may result in termination of my SC/TA membership. I understand that SC/TA does not represent new members for pre-existing conditions.

Signature _____

Date _____