

MEMBERSHIP REQUEST FORM

I hereby authorize the School District of Lee County to deduct \$10.00 per pay period from my salary. I authorize the distribution of monies deducted to the LCEAA and release the School Board and its employees from any liability after the deduction has been distributed. This authorization will remain in effect unless revoked by me in writing to the Payroll Dept. 30 days prior to scheduled deduction.

NAME: _____ **POSITION:** _____

SCHOOL: _____

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EMAIL: _____ **DID**

#: _____

SIGNATURE: _____

MAIL this form to:

L.C.E.A.A.

P.O. Box 60535

Fort Myers, FL 33906