



FULTON COUNTY EMPLOYEES' ASSOCIATION (FCEA)

MEMBERSHIP APPLICATION

INVOLVEMENT * UNITY * PROGRESS

AUTHORIZATION FOR PAYROLL DEDUCTION

Date: _____

Name of Employee: _____ **Birth Date:** _____
Month/Date only (7-27)

TO: FULTON COUNTY, GEORGIA Finance Department

Effective Date: _____ I hereby request and authorize you to
deduct from my earnings each ___ **Pay Period** _____, the amount of \$ **5.00** _____
(Bi-weekly)

This amount shall be paid to the Fulton County Employees' Association, Inc. and represents payment of my membership dues.

Last 4 of Social Security #: _____

This assignment and authorization should be continuous until revoked by me.

Applicant Signature: _____
***(New Member Signature)**

Member Received By Signature: _____
***(Member Receiving Application Signature)**

Would you be interested in working on a Committee? _____

Which Committee? (circle one) Events - Membership - Scholarship - Newsletter - Website

(*Both Signatures Required or application will not be processed)

Thank You for Joining FCEA!