



# Nassau Educational Support Personnel Association

Local #7445

2023-2024



Skip the paperwork and join online!

SCHOOL/WORKSITE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SSN (LAST 4) XXX-XX - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE # \_\_\_\_\_

HOME E-MAIL \_\_\_\_\_

Membership Agreement:

**Required**

**Check one option: I would like to sign up for payments using: \_\_\_ eDues (bank draft) or \_\_\_ pay by check to NESPA.**

By signing below, I acknowledge that I want to join my fellow employees and become a member of the Nassau Educational Support Personnel Association, and its affiliates - the Florida Education Association, the National Education Association and the American Federation of Teachers. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all four associations.

I hereby agree to pay the dues, fees and assessments established by these four associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations.

I authorize on a continuing basis the payment of the membership dues established by the four associations through the method selected above unless I revoke this authorization by providing 30 days' written notice to the Nassau ESPA as provided by law.

Dues will be paid in 24 installments of \$14.18 beginning August 15, 2023, coinciding with payroll.  
NESPA only deducts dues when the application is processed and will only collect dues moving forward.  
Back dues are not required.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LOCAL ASSOCIATION REPRESENTATIVE