

## Palm Beach County Membership Election Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

**Active Membership Status:**

\_\_\_\_\_ I elect to participate in the Benevolent Fund and I authorize payroll deductions in the amount equal to the dues required for participation in such Fund as established by the collective bargaining agreement, which amount may increase or decrease in the future but is currently five (\$5.00) dollars per pay period. I also authorize an annual deduction of vacation time to be deducted from my vacation bank following the holiday accrual for Presidents' Day in an amount equal to the deduction required for participation in the Benevolent Fund, which deduction may increase or decrease in the future but is currently thirteen (13) hours of vacation time.

**Retired Membership Status:**

\_\_\_\_\_ I elect to participate in the Benevolent Fund, as a retiree I understand my annual dues are one hundred and thirty (\$130.00) dollars. I have attached \$ \_\_\_\_\_ for the remainder of this calendar year. I understand I will receive an invoice in December of each year for my dues.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_ I elect not to participate in the Benevolent Fund and understand this is the only opportunity available for me to participate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by:  
\_\_\_\_\_

Payroll \_\_\_\_\_

Database \_\_\_\_\_

File \_\_\_\_\_