## **Tennessee State Employees Association** Membership Application Membership dues deduction authorization. Please Print.

Name	Social Security Number
Department	_ Job Title
Facility or location	
I, the undersigned, hereby authorize the State of Tennessee to deduct, from my pay, membership dues each month and pay such dues to the Tennessee State Employees Association, which is a qualified state employee association.	
I, the undersigned, understand that this authorization is to become effective immediately. I understand that I may revoke this authorization by written notification at any time. Any deductions made from my compensation within thirty (30) days of the effective date of this authorization shall be refunded by the association if revocation is made within such thirty (30) day period. I also understand that the amount of membership dues deduction may increase or decrease if the association approves an increase or decrease in dues in accordance with its bylaws and rules of procedure. Upon notification to me by the association of an increase or decrease in dues, I understand that I will again have an opportunity to revoke this authorization and receive a refund equal to one month's dues if revocation is made within a thirty (30) day period from the date of notification. I understand that my membership payroll deduction will continue until after the association receives my written notification of cancellation.	
Your membership is valid only as long as deductions are being withheld from your pay. If your dues deductions cease for any reason, complete another application form and mail to TSEA for reinstatement. Upon retirement maintain your membership in TSEA by deductions through the TCRS.	
Signature	Date
Social Security Number Last name	First name MI
Work e-mail address Home e-	mail address
Home address	
City ST Zip Code	Home Phone
Work Facility Work Phone	Extension
Work Address	Fax Number
Work City ST Zip Code	5-Digit Dept. # 8-Digit Employee ID#
Gender:	Hire Date (month and year)/
Home County Work	County
Mark one: ☐ Payroll deduction ☐ Cash membership - available on 6 or 12 month basis. (Dues enclosed.)	
I wish to be a member in the chapter where (choose one): $\square$ I live. $\square$ I work.	
9.132% of your monthly dues will go toward political action to help elect lawmakers who value public services and the employees who provide those services. If you prefer that percentage to go instead toward other government relations activities, please check this box.	
Signature	_Date
Recruiter signature	Last four digits of SS#