



Union Membership Enrollment Form

Everett Coaches / Extracurricular Association

Name: _____
Please Print Employee ID # _____

I hereby request membership in the Everett Coaches and Extracurricular Association and authorize union membership dues to be withheld from my salary each pay period and transmitted to the treasurer of the union. I agree that this authorization for payroll deduction shall be renewed each year thereafter unless written notice of revocation is given by me to the Everett Coaches and Extracurricular Association.

Signature: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Home e-mail: _____

Work e-mail: _____

Please send completed form to
Brian Sachse/Eisenhower Middle School