



Payroll Deduction Authorization Agreement

I understand that to become a member of Sedgwick County Emergency Medical Service Employee's Association (SCEMSEA) I must abide by the established bylaws. I understand that membership in the SCEMSEA conveys the right to participate in all SCEMSEA events, activities and benefits. I understand that membership entitles me to run for office, serve on committees and projects as outlined in the bylaws. By paying dues I accept the duties and rights as a member of SCEMSEA. I understand that membership in SCEMSEA is voluntary and may be withdrawn at any time. Termination of membership is outlined in the bylaws of the Association. I understand that SCEMSEA dues are non-refundable and not tax deductible.

Please Print Clearly

Name: _____

Employee ID Number (SAP) or last 4 of SSN: _____

Email address: _____

		Quantity	
Employee Membership	\$3.00 per paycheck		
Auxiliary Membership	\$1.00 per paycheck (each)		
The SCEMSEA Flower Fund provides cards and flowers to employees, regardless of member status, for major life events. While it is funded through association dues, additional donations are appreciated. If you wish, a \$1.00 per pay period donation is suggested.			
The SCEMS Honor Guard is not under the control of the SCEMSEA, however, the contribution that this organization makes to the department's image and morale certainly aligns with the Association's mission. The SCEMSEA is pleased to partner with this organization in collecting donations for their operating funds. If you wish, a \$1.00 per pay period donation is suggested.			
Total Per Pay period Deduction:			

Signature: _____

Date: _____

By signing I agree to the above Payroll Deduction Authorization Agreement.