



Education Round Rock

1104 S. Mays St., Suite 108, Round Rock, TX78664

President: Dan Wright - 512 965-5214

eduroundrock@gmail.com

Education Round Rock Membership Application

Name _____

Home Address _____ City _____ Tx Zip _____

Employee # _____ OR SSN (last 4 digits) _____

Home Phone (____) _____ Cell Phone (____) _____

Campus/Worksite _____ Job Title _____

E-mail (personal) _____

Monthly Dues(check one)

Certified Employees (Teachers, Counselors, Nurses, etc.) \$51.00

Classified Employees, Substitutes and Bus Drivers \$30.00

Part-time (under 30 hrs of work) and Bus Monitors \$20.00

Discontinuation of dues/fees for another Employee Association

I hereby authorize Round Rock ISD to stop payroll deductions for the following Association(s):

ATPE TCTA Other _____

Signature _____

I hereby authorize the Round Rock ISD to deduct dues for Education Round Rock from my salary. These deductions will continue for this school year and future years, including any increases in the amount to be deducted that may occur. I also understand that this authorization will remain valid until I revoke it in writing. Education Round Rock will notify Round Rock ISD of any changes.

Signature _____

Date _____