

SDASCOE MEMBERSHIP APPLICATION



Date: ___/___/___

County Office: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone Number: _____

Home Email Address: _____

Service Beginning Date: _____

PLEASE CHECK YOUR MEMBERSHIP TYPE:

_____ ASSOCIATE MEMBER DUES - \$30 - (STO EMPLOYEES, COC MEMBERS, TEMPORARY EMPLOYEES)

_____ REGULAR MEMBER - FULL VOTING MEMBERS (PERMANENT APPOINTMENT CO & GS COUNTY OFFICE EMPLOYEES)

PLEASE CIRCLE YOUR GRADE:

<u>GRADE</u>	<u>ANNUAL DUES</u> July 1 - June 30	<u>PER PAY PERIOD</u>
3	\$56.35	\$2.17
4	\$63.26	\$2.43
5	\$70.78	\$2.72
6	\$78.89	\$3.03
7	\$87.67	\$3.37
8	\$97.09	\$3.73
9	\$107.24	\$4.12
11	\$129.75	\$4.99
12	\$155.51	\$5.98

Send membership application and FSA-444 to
lesli.heyden@usda.gov or heydenlesli@gmail.com and
CC Karli.button@usda.gov