Employee Organization Membership Authorization Form

DRAFT 7/8/2026

(Required by s.447.301(1)(b), Fla. Stat.)

PART A – EMPLOYEE ORGANIZATION INFORMATION

EMPLOYEE ORGANIZATION NAME:

PERC REGISTRATION NUMBER: OR- *(example: **OR-** 2022 - 059)*

MEMBERSHIP DUES: List the membership dues, as defined in s. 447.203(13), Fla. Stat. **If none, enter zero.**

TYPE	AMOUNT	HOW OFTEN COLLECTED?
Dues	**$**	
Uniform Assessments	**$**	
Initiation Fees	**$**	
Other *(describe)*:	**$**	

OFFICER / EMPLOYEE COMPENSATION: List the compensation disclosed on the employee organization's registration/renewal application, pursuant to s. 447.305(2)(d), Fla. Stat., for the officers and employees receiving the five highest total dollar amounts. **Each column must be completed for each individual listed. If none, enter zero. If listing fewer than five individuals, indicate "N/A" on any remaining blank lines in the first column.**

Name of Officer or Employee	Salary/Wages	Fringe Benefits	Allowances	Other direct or indirect disbursements (incl. reimbursed expenses)
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

PART B – EMPLOYEE INFORMATION

EMPLOYEE NAME *(First Middle Last)*: _____

PUBLIC EMPLOYER NAME: _____

EMPLOYING AGENCY NAME: _____

If the Employing Agency is the same as the Public Employer, leave blank.

CLASS TITLE: _____ **CLASS CODE:** _____

If not applicable, leave blank.

THE STATE OF FLORIDA REQUIRES YOU TO HAVE NOTICE OF THE FOLLOWING INFORMATION: As a public employee in the State of Florida, membership or nonmembership in a labor union is not required as a condition of employment. Union membership and payment of membership dues are voluntary. A public employee's right to join and pay membership dues to a labor union or to refrain from joining and paying membership dues to a labor union is protected by both Florida's right-to-work law and the First Amendment of the United States Constitution. A public employer may not discriminate against a public employee for joining and financially supporting, or refusing to join and financially support, a labor union. *(Required by s. 447.301(1)(b)3., Fla. Stat.)*

By my signature below, I represent that I desire to be a member of the above-named employee organization.

_____ _____

Employee Signature **Date of Signature**