

# ODE/GAE Dues Payment Conversion Form

This form is for existing members to convert to Payroll Deduction

**\*\*\*You must complete/sign BOTH sections to switch to Payroll Deduction\*\*\***

Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

School/Worksite: \_\_\_\_\_

Dues for 2009-2010 (✓ **below**)

- Full time Certificate.....\$48.00/pay period
- Full time Education Support Professional (non-certified)  
(**if you are paid bi-weekly—26 checks/yr.**).....\$13.14/pay period
- Full time Education Support Professional (non-certified)  
(**if you are paid monthly**).....\$26.28/pay period

I hereby authorize DeKalb County School System to deduct the full amount of my Association dues in the number of installments set by the Central Office (currently 12 for employees paid monthly or 24 for employees paid bi-monthly). I hereby apply for continuous membership in ODE (Organization of DeKalb Educators) and its affiliates, the Georgia Association of Educators (GAE) and the National Education Association (NEA). I understand I have signed a binding contract to pay the total annual dues for the current membership year and each year hereafter. I may revoke this authorization only by written notification to ODE/GAE and to the school system.

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

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Once the payroll deduction (authorized above) begins by DeKalb County School System, I hereby authorize GAE/ODE to **discontinue my current membership dues payment method** (✓ below):

- EFT (E-Z Pay/Bank Draft)
- Credit Card
- Ga. Federal Credit Union
- Cash/Check

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

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