

Hennepin County Supervisors' Association Membership Agreement and Dues Deduction Authorization

Membership

By signing this, I agree to be a member of HCSA and to abide by all membership requirements.

I understand that I may resign my membership with three months written notice to HCSA.

Dues Deduction

I understand that this membership agreement will be used to authorize Hennepin County to deduct HCSA dues from my salary in the amount of \$24.00 monthly.

Name

Signature

Date

Employee number