

**PAO Union**  
**Membership Enrollment Form**

Use the form below to join the Program Associates Organization. You can E-mail your completed form to the Capital Region BOCES payroll office at [payroll@neric.org](mailto:payroll@neric.org). You can also fax the form to the payroll office at 518-862-4949, or send it via BOCES inter-office mail. **You MUST sign the form in the space provided before sending the form to the payroll office.**

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**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last 4 Digits of Social Security Number:** \_\_\_\_\_

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**Authorization:**

TO: The Board of Cooperative Educational Services

FOR: Program Associates Organization

I hereby authorize you, according to arrangements agreed upon with the Organization, to deduct from my salary and transmit to said Organization, dues as certified by said Organization from the organization listed below. I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the BOCES and all its officers from any liability therefore. I revoke any and all instruments heretofore made by me for such purposes. This authority shall remain in full force and effect for all purposes while I am employed in this BOCES, or until revoked by me in writing.

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

\$ \_\_\_\_\_ Albany-Schoharie-Schenectady-Saratoga BOCES Program Associates Organization.