



## WASCOE Membership Application

Name: \_\_\_\_\_ County Office: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ \*Home Email: \_\_\_\_\_

\*Email addresses are used to provide reminders, updates, important information, and to complete our Board of Directors election process.

### Regular Membership

For regular memberships, please select one of the following appointments and indicate your grade:

\_\_\_\_\_ County Office CO employee          \_\_\_\_\_ County Office GS employee          Grade: \_\_\_\_\_

Grade	5 or lower	6	7	8	9	10	11	12
Regular Dues Amount	\$85	\$90	\$95	\$100	\$110	\$120	\$130	\$140

### Associate Membership: \$45 for any of the following appointments

For associate memberships, please select one of the following appointments.

\_\_\_\_\_ Temporary FSA Employee          \_\_\_\_\_ Retired FSA Employee

\_\_\_\_\_ State Office Employee          \_\_\_\_\_ County Committee Member

### Enrollment Method:

Check: \_\_\_\_\_ Existing Payroll Deduction: \_\_\_\_\_ New Payroll Deduction: \_\_\_\_\_

New payroll deductions please submit the FSA-444 and accompanying memo along with this application. Existing payroll deductions only need to submit this application. Otherwise, submit your check with this application to:

**Jon Beam, WASCOE Treasurer**  
**Outagamie County FSA Office**  
**3369 W. Brewster St.**  
**Appleton, WI 54914**



## FSA-444 Accompaniment

To: Wisconsin State FSA Office Administrative Office

Dear Wisconsin State FSA Administrative Staff:

Following this cover memo, please find my completed copy of for FSA-444 authorizing payroll deduction for my NASCOE/WASCOE dues. I am requesting that this be set up effective for the payroll deduction to begin in Pay Period \_\_\_\_\_. I have checked my current grade and authorized payroll deduction amount for you.

Please check your grade level.

- \_\_\_ Associate Member: \$1.73 per pay period
- \_\_\_ CO Grade 5 or lower: \$3.27 per pay period (Please list grade: \_\_\_\_\_)
- \_\_\_ CO Grade 6: \$3.46 per pay period
- \_\_\_ CO Grade 7: \$3.65 per pay period
- \_\_\_ CO Grade 8: \$3.84 per pay period
- \_\_\_ CO Grade 9: \$4.23 per pay period
- \_\_\_ CO Grade 10: \$4.61 per pay period
- \_\_\_ CO Grade 11: \$5.00 per pay period
- \_\_\_ CO Grade 12: \$5.38 per pay period

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print County Office Name

\_\_\_\_\_  
Home Email Address

**FSA-444**  
(06-21-12)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY  
FOR USDA FSA RECOGNIZED ASSOCIATIONS**

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.*

*The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.*

*The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch)
	5. State/County of Employment

6. Association (Check One):

NASCOE   
  NAFEC   
  NASE   
  NACS   
  Other: \_\_\_\_\_

7. **Type of Allotment (Check one)** **NOTE:** A separate FSA-444 **must** be filled out for each type of allotment:

**ASSOCIATION DUES**  
 I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP \_\_\_\_ of CY \_\_\_\_.
- to make **any changes** in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

**SUPPLEMENTAL INSURANCE COVERAGE**  
 State: \_\_\_\_\_ Association: \_\_\_\_\_  
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- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

*I understand this authorization must be filed with the State FSA Office at least **3 days** before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.*

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
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10. **Termination of Allotment (Check One):**

State: \_\_\_\_\_ Association: \_\_\_\_\_

I request payroll deduction for the following allotment be terminated on the first day of Pay Period \_\_\_\_ of CY \_\_\_\_.

NASCOE Dues   
  Supplemental Insurance Coverage   
  NAFEC Dues  
 NASE Dues   
  NACS Dues   
  Other: \_\_\_\_\_

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
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13. **State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):**

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-6339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

**FSA-444**  
(06-21-12)

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