



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