



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: 12

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
Shawano County FSA Office
603A Lakeland Rd
Shawano, WI 54166