

# Membership Application



I desire to become a member of the Kentucky Transportation Employees Association. I also authorize the Kentucky Transportation Cabinet, Commonwealth of Kentucky to deduct from my earnings my dues for the year beginning January 1, \_\_\_\_\_, and authorize the deduction of all future yearly dues.

\_\_\_\_\_

Signature of ApplicantDate

Please Complete:

First Name	
Middle Initial or Name	
Last Name	
Employee #	
Home Street Address	
City State Zip	
District, Division or Office	
Crew Number	
Preferred Email Address	

To be completed by KTEA:

New Member Number		Director recommending membership	
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