



St. Petersburg College Leepa-Rattner Museum of Art Membership Payroll Deduction Form

Employee ID Number: _____

Title: _____

Name: _____

Campus/Dept. _____

Name(s) for Membership Cards: _____

SPC E-mail: _____

For Membership

Please complete the following information:

Member's Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Telephone: _____

E-mail: _____

Annual Membership Level:

- | | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sustainer (\$1,000) | <input type="checkbox"/> Family (\$60) |
| <input type="checkbox"/> Advocate (\$500) | <input type="checkbox"/> Couple (\$50) |
| <input type="checkbox"/> Contributor (\$250) | <input type="checkbox"/> Individual (\$35) |
| <input type="checkbox"/> Friend (\$100) | <input type="checkbox"/> Student/Educator (\$20) |

For payroll deduction, please complete this section and sign below:

Note that payroll deduction is not available for adjunct faculty due to payroll periods.

Effective immediately, please deduct \$_____ as a one-time deduction from my paycheck for annual membersh to the Leepa-Rattner Museum of Art.

Employee Signature

Date: _____

Campus Extension # : _____

For official use only: 1st Pay Date: _____ PS Date: _____ Continuous: Y ___ N ___

Send completed form via campus mail to Human Resources. THANK YOU!