



**NATIONAL ASSOCIATION OF FSA COUNTY
OFFICE EMPLOYEES
Membership Application**

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____ Email Addr: _____

State Association for which you are applying for membership: _____

This application will be forwarded to the state association listed above, who will send you an invoice for your annual dues. You must join your state association to be a member of NASCOE. NASCOE dues are inclusive in state dues.

Are you submitting an FSA-444 to your county FSA Office for automatic dues withholding? Yes _____ No _____

_____ County Office Employee serving under permanent appointment

_____ GS Employee at the county level under permanent appointment

_____ Temporary FSA employee, STO employee, or retiree

_____ County Committee Member

_____ Applying for Associate Membership

Send no money now. If not submitting an FSA-444, you will be billed later.

Please send membership application and/or questions and comments to:

Jeanne Monday, NASCOE Membership Chair

PO Box 336

Charleston, MS 38921

Office Ph: 662-647-8857

Office Fax: 662-647-5673

Or email to: jjmonday@bellsouth.net
jeanne.monday@ms.usda.gov