



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



Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Email Addr: \_\_\_\_\_

Home Email Addr: \_\_\_\_\_

Pay Grade: \_\_\_\_\_ Service Beginning Date: \_\_\_\_\_

County Office Name: \_\_\_\_\_

Are you submitting an FSA-444 to Kansas State FSA Office for automatic dues withholding? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Please check your membership type)*

\_\_\_\_\_ 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:**

Joan Sanders, KASCOE Sec/Treasurer – [joan.sanders@ks.usda.gov](mailto:joan.sanders@ks.usda.gov)

2503 Enterprise, Ste A

El Dorado, KS 67042

Office Ph: 316-321-5803

Office Fax: 316-321-4956



Or email questions to:

[mt.martin32@hotmail.com](mailto:mt.martin32@hotmail.com)

Michael Martin, Membership Chair