



# National Association of Farmer Elected Committees

Representing Farm Service Agency County Committee Members since 1965

Thank you for your interest in becoming a member of NAFEC. Please complete the information on the form(s) that are attached below.

## NAFEC Membership Application:

- **Type of Membership-** COC members are full members  
Agency employees are associate members
- **Method of Current dues payment:** (check the applicable box on the form)  
Check payments are made out to NAFEC. This is the preferred method as it is easier to track in accounting methods.

If not paying by check, please complete the attached FSA Dues Withholding form. The original goes to your STO to enter.

- **New Member Information**  
Please complete all boxes on the form. We send out emails and also mail newsletters and items that need action from members.
- **Sign and date the form**
- **Mail to NAFEC**  
Send the Membership form and your cash payment to the address listed below. If you selected the 444 option, please send a copy of the FSA 444 form with the completed membership record.

Mail completed information to:

NAFEC  
C/O Tammy Eibey  
2810 Highway 13  
Ryan, Iowa 52330

Thank you again for supporting the mission of NAFEC.

Jim Zumbrink  
NAFEC President

The County Committee System of FSA:  
True Democracy at the grassroots level in the People's Department



# NAFEC MEMBERSHIP APPLICATION

## (For New or Renewing Members)

### Member Information

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_

Mobile Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

FSA County Office \_\_\_\_\_

Member Signature \_\_\_\_\_

Date MM / DD / YYYY

Select Your Membership Type:  New Membership OR  Renewal Membership

County Committee Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now  
**\$50**  
ANNUALLY

OR

Deduct from Payroll  
**\$6**  
PER MEETING

**LIFETIME MEMBERSHIP**

ONE-TIME PAYMENT  
**\$250.00**

Associate Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now  
**\$20**  
ANNUALLY

OR

Deduct from Payroll  
**\$1**  
PER PAY PERIOD

**FOR PAYMENTS IN FULL OR 444 FORMS**

Mail your check and completed  
NAFEC Membership

Application to: **NAFEC**  
**c/o Tammy Eibey**  
**2810 Highway 13**  
**Ryan, Iowa 52330**

Membership begins after completed application and dues are received and processed.

For questions concerning this application, email Tammy Eibey.

[tammyeibey@gmail.com](mailto:tammyeibey@gmail.com)



**FSA-444**  
(06-21-12)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY  
FOR USDA FSA RECOGNIZED ASSOCIATIONS**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch)
	5. State/County of Employment

6. Association (Check One):

NASCOE     NAFEC     NASE     NACS     Other: \_\_\_\_\_

7. Type of Allotment (Check one) **Note:** A separate FSA-444 must be filled out for each type of allotment:

**ASSOCIATION DUES**

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP \_\_\_\_ of CY \_\_\_\_.
- to make **any changes** in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

**SUPPLEMENTAL INSURANCE COVERAGE**

State: \_\_\_\_\_ Association: \_\_\_\_\_

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP \_\_\_\_ of CY \_\_\_\_.
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

*I understand this authorization must be filed with the State FSA Office at least 3 days before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.*

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
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10. Termination of Allotment (Check One):

State: \_\_\_\_\_ Association: \_\_\_\_\_

I request payroll deduction for the following allotment be terminated on the first day of Pay Period \_\_\_\_\_ of CY \_\_\_\_\_.

<input type="checkbox"/> NASCOE Dues	<input type="checkbox"/> Supplemental Insurance Coverage	<input type="checkbox"/> NAFEC Dues
<input type="checkbox"/> NASE Dues	<input type="checkbox"/> NACS Dues	<input type="checkbox"/> Other: _____

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
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13. State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
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D. Name of Employee Updating Request	E. Signature of Employee Updating Request
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