



## **NATIONAL ASSOCIATION OF FARMER ELECTED COMMITTEES**

REPRESENTING FARM SERVICE AGENCY  
COUNTY COMMITTEE MEMBERS SINCE 1965

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Thank you for considering being a member of NAFEC. Please complete the attached form(s) and follow the instructions below.

### **NAFEC Membership Application**

- Type of Membership: check the applicable box
- Method of Current Dues Payment: check the applicable box.
  - Check is the preferred method of payment, for accounting purposes. Please make checks payable to NAFEC.
  - If not paying by check, please complete the attached FSA-444 Dues Withholding form.
- New Member Information
  - Complete all entries.
- Sign and date

### **Pay by Check Instructions (If applicable)**

If paying by check, please mail Membership Application and check to the following address:

NAFEC  
742 Farmington Rd. W  
Accokeek, MD 20607-9728

**-OR-**

### **Pay by FSA-444 Dues Withholding Instructions (If applicable)**

Please complete all highlighted fields on the FSA-444.

If completing an FSA-444, please forward the completed FSA-444 to your state office. Also, forward a copy of the completed FSA-444 and NAFEC membership application via email to [jpsnafec2020@gmail.com](mailto:jpsnafec2020@gmail.com). If preferred, a copy of the FSA-444 and NAFEC membership application can be mailed to:

NAFEC  
742 Farmington Rd. W  
Accokeek, MD 20607-9728



<b>FSA-444</b> (06-21-12)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency
<b>REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY                  FOR USDA FSA RECOGNIZED ASSOCIATIONS</b>	

**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 \_\_\_\_.

NASCOE Dues   
  Supplemental Insurance Coverage   
  NAFEC Dues  
 NASE Dues   
  NACS Dues   
  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)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-6339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.





# NAFEC MEMBERSHIP APPLICATION

Email completed form and FSA-444 copy to [jpsnafec2020@gmail.com](mailto:jpsnafec2020@gmail.com)

Mail this application with your check, to the address at bottom of page.

## ENROLL ME NOW IN NAFEC!

TYPE OF MEMBERSHIP (check one)	METHOD OF CURRENT DUES PAYMENT (check one)
<input type="checkbox"/> County Committee Member (\$40/year )	<input type="checkbox"/> Check (Yearly Dues) – Payable to “NAFEC” - Please mail this form and payment to the address shown at bottom
<input type="checkbox"/> County Committee Member (Payroll Deduction / \$4 per meeting)	<input type="checkbox"/> FSA-444 Dues Withholding - Complete an FSA-444 Form and forward the original to your state office. Also, email copy of FSA-444 and this application to NAFEC:
<input type="checkbox"/> Associate Member (\$20/year)	<b>(THIS FORM MUST BE SENT TO NAFEC IN ORDER</b>
<input type="checkbox"/> Associate Member (Payroll Deduction / \$1 pay period)	<b>TO BE ENROLLED IN MEMBER BENEFITS)</b>

### New Member Information:

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

Spouse: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

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

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

Other Phone: \_\_\_\_\_ Fax \_\_\_\_\_

*\*NAFEC Newsletters and important announcements are sent via email to all members. If you do not have an email address or prefer to receive correspondence by mail, please mark “No Email” in the email field above.*

**NAFEC Mailing Address:**  
NAFEC  
742 Farmington Rd W  
Accokeek MD 20607-9728

Member signature \_\_\_\_\_

DATE \_\_\_\_\_

Find us on the web at:  
[www.nafecfsa.com](http://www.nafecfsa.com)

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