



**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:

Marsha Gerstner, KASCOE Sec/Treasurer – marsha.gerstner@ks.usda.gov

1520 Kansas Ave

Great Bend, KS 67530

Office Ph: 620-792-5329 ext 28

Office Fax: 620-792-4875



Or email membership questions to: d.isweany@hotmail.com

David Sweany, Membership Chair