



American Federation of State, County and Municipal Employees, AFL-CIO

Authorization for Payroll Deduction

LOCAL _____ COUNCIL _____

I hereby request and authorize you to deduct from my earnings each pay period an amount sufficient to provide for the regular payment of the current rate of monthly dues and fees established and certified by the union and pay such amount to the treasurer of the AFSCME Local or Council listed above as determined by the union. This authorization shall remain effective unless terminated by me in writing during the two-week period of any year indicated below.

_____ to _____

Employee's Signature

Date

Dues, contributions or gifts to AFSCME are not deductible as charitable contributions for federal income tax purposes. Dues paid to AFSCME, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

Please print legibly.

First Name Middle Name Last Name

Street Address Apt. No.

City State ZIP

Social Security Number or Employer ID (as required by your employer)

Employer Department

Home Phone Business Phone

E-mail

022-11 F46



American Federation of State, County and Municipal Employees, AFL-CIO

Application for Membership/ Authorization for Representation

I, the undersigned, hereby designate the American Federation of State, County and Municipal Employees, AFL-CIO, as my duly chosen and authorized representative on matters relating to my employment in order to promote and protect my economic welfare.

Please print legibly.

Local Union Number

First Name Middle Name Last Name

Street Address Apt. No.

City State ZIP

Employer Worksite

Department Classification

Home Phone Business Phone

E-mail

Signature of Applicant Received By Date



218-15 F43