

CONNECTICUT COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO
APPLICATION FOR MEMBERSHIP AND PAYROLL DEDUCTION

Name _____ Agency _____
Please Print

Classification _____ Location _____

Effective _____, I hereby authorize you to deduct from my earnings each payroll period a sufficient amount to provide for the regular payment of union dues or service fees, as certified by the Union. The amount deducted shall be paid to the treasurer of Council 4 of the American Federation of State, County, and Municipal Employees or to its designee. This authorization shall remain in effect in accordance with the working agreement. Local No. _____

Dues to AFSCME are not tax deductible as charitable contributions for Federal Income Tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

Signature (Do not print) Social Security No. _____

Street Address (Print) Phone No. _____

City and State (Print) Zip Code _____