

AFSCME STRONG

Council 4

■ Yes! I am AFSCME Strong.

I want a strong voice at work and in my community

Yes, sign me up to:

- Talk to colleagues at work
- Make phone calls to AFSCME members for campaigns
- Knock AFSCME member doors during campaigns

Membership — Public Sector

American Federation of State, County and Municipal Employees Membership and Authorization for Dues Deduction

PLEASE PRINT LEGIBLY.

I hereby apply for membership in Council 4 (hereafter "Union") and I agree to abide by its Constitution and Bylaws. I authorize the Union and its successor or assign to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my Employer.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union, the amount of dues certified by the Union, and as they may be adjusted periodically by the Union, and to authorize my Employer to remit such amount monthly to the Union.

This voluntary authorization and assignment shall remain in effect in accordance with the applicable collective-bargaining agreement. If the applicable collective-bargaining agreement does not address revocation, then this voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of execution or until the termination date of the collective bargaining agreement (if there is one) between the Employer and the Union, whichever occurs sooner, and for year to year thereafter unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than twenty (20) days before the end of any yearly period. The applicable collective bargaining agreement is available for review, upon request. This card supersedes any prior check-off authorization card I signed. I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

Notice: In order to comply with Internal Revenue Service rulings, be advised that your membership dues are not deductible for federal income tax purpose.

749

Local Number

Last Name

First Name

M.I.

Street Address

Apt. No.

City

State

ZIP Code

Social Security Number E-mail Address

Payroll No.-Worksite

Department

Telephone No.

Signature

Effective Date

Contribution Form

AFSCME PEOPLE
Become a PEOPLE MVP for \$8.35/ month (\$100 annually)



I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified as a voluntary contribution to be paid to the treasurer of American Federation of State, County and Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O.

Deduction Per Pay Period

(26 pp/yr)

\$4 MVP \$8

Other \$ _____

Circle jacket size.

S M L XL 2XL Other _____

For Office Use Only

JACKET RECEIVED

Box 65334, Washington, D.C. 20035-5334, to be used for the purpose of making political contributions and expenditures. My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution

or refusal to contribute, and that I may revoke this authorization at any time by giving written notice.

Signature

Date

In accordance with the federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions from other persons will be returned. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

PLEASE PRINT LEGIBLY.

Last Name

First Name

M.I.

Street Address

Apt. No.

City State

ZIP Code

Social Security Number

Employee's No. (If Any)

Occupation

Job Title

Employer

Home Phone

Business Phone

E-mail Address