

- ✓ For my job.
- ✓ For my family.
- ✓ For my future.

I'm AFSCME STRONG and I am standing with my coworkers.



**AFSCME PEOPLE!**

**Earn MVP Rewards when you contribute.**

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. Box 65334, Washington, DC 20035-5334, to be used for the purpose of supporting pro-worker candidates in federal, state and local elections. 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.

**YES, I want to contribute the following amount to AFSCME PEOPLE**

\$8.35 (if paid monthly)    \$4.20 (if paid bi-weekly)    OTHER \_\_\_\_\_

SELECT JACKET SIZE:   S   M   L   XL   2XL   3XL   4XL    jacket received

(jacket with contribution of at least \$100 per year)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

For office use only:   \_\_\_\_\_ Received   \_\_\_\_\_ Submitted To Employer

(Please print)

Name \_\_\_\_\_ Local # \_\_\_\_\_ AFSCME Council 57

Employee ID \_\_\_\_\_ Hire Date \_\_\_\_\_ Last four of SSN # \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone\* \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Dept. \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Email \_\_\_\_\_ Yes, sign me up for:

Work Email \_\_\_\_\_  Text alerts (message & data rates may apply)

\*By providing my cell phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts. \*

Email updates

**AFSCME Membership**

I hereby apply for membership in Local \_\_\_\_\_ of AFSCME Council 57 (hereafter referred to as the "Union") and I agree to abide by its Constitution and Bylaws. By this application 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 paycheck the amount of dues certified by the Union, and as they may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to the Union.

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 memorandum of understanding or 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; provided however, that any conflicting membership and deduction provisions of the applicable governing body and memorandum of understanding or collective bargaining agreement supersede the provisions of this agreement, and if the applicable memorandum of understanding or collective bargaining agreement specified a different or longer annual revocation period, then only that other period shall apply. The applicable memorandum of understanding or 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Confirmed on Employer List

VUE \_\_\_\_\_ Enterprise \_\_\_\_\_  
 Entered    New Member    Status Change