



AUTHORIZATION FOR PAYROLL DEDUCTION FOR UNION DUES – PUBLIC SECTOR

First Name _____ M.I. _____ Job Title _____
 Last Name _____ Employer _____
 Address _____ Occupation _____
 Address 2 _____ Work Location _____
 City _____ State _____ ZIP Code _____ Personal Email _____
 Cell Phone* _____

*By providing my cell phone number I consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. My carrier's rates may apply. I may modify my preferences by calling the Union at (573) 635-9145 or emailing the Union at membership@afscmeiowa.org.

I hereby apply for membership in AFSCME Council 61, Local _____ (hereafter the "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 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, 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, or other time that may be permitted under an applicable ordinance or regulation. 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, state law may extend favored tax treatment.

Signature

Date (mm/dd/yy)

Last four of SSN

X

XXX-XX-

#206-21



CONTRIBUTE TO AFSCME PEOPLE

Please check all that apply:

- New Renewal Increase
 Retiree Family Member

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, D.C. 20035-5334, to be used to support 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. AFSCME PEOPLE is required by law to make its best efforts to obtain and report the name, address, occupation, and employer

of each contributor who gives more than \$200 in a calendar year. In accordance with federal law, AFSCME PEOPLE accepts contributions only from AFSCME members, executive and administrative personnel 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.

Amount contributed each pay period:

- 1% 1.25% 1.5% 2% Other _____

Signature

Date (mm/dd/yy)

X

