

Dane County

Employee Group's Representative

Authorization for Payroll Deduction and Membership

Name (Last) _____ (M.I.) _____ (First) _____

Employer _____ Department _____ Worksite _____

I elect Local _____ as my Employee Group's Representative pursuant to Chapter 18, Dane County Code and the Employee Benefit Handbook. I hereby request and authorize deduction from my earnings the regular payment of fees established by my Employee Group's Representative.

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work phone _____

Home e-mail _____ Occupation/Job Title _____

Signature _____ Date _____

AFSCME PEOPLE AUTHORIZATION

YES! I want to contribute to AFSCME PEOPLE. I authorize a monthly PEOPLE contribution through payroll deduction of: \$8.35 (MVP level) \$10 \$15 \$20 Other \$ _____

I authorize my employer to deduct PEOPLE contributions from my paycheck to AFSCME PEOPLE and remit on a monthly basis. Please check all that apply: New Contributor Increase

Jacket size: 4XL 3XL 2XL XL L M S

Name (please print) _____

Signature _____ Date _____

In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes. My authorization of these withdrawals is given voluntarily and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and that I will suffer no reprisal if I choose not to authorize withdrawals for the benefit of AFSCME PEOPLE. I understand that AFSCME PEOPLE uses the money for political purposes.

LOCAL ACTIVISTS

YES! I want to commit to help my Local by giving a few hours a month to attend meetings and to advance the Local's goals. **Please have someone contact me** to discuss my role in supporting my Local.

Name (please print) _____

Signature _____ Date _____

