



Iowa AFSCME Retiree Chapter 61



I will help protect my pension, Social Security and Medicare by joining Iowa AFSCME Retiree Chapter 61 today!

(Check all that apply) ☐ **New Member** ☐ **Renewing Member** ☐ **Spousal Member**

First Name _____ Last Name _____

Address _____

City/Town/Village _____ State _____ Zip _____

Email _____

Cell Phone* _____ Home Phone _____

Spouse/Partner:

First Name _____ Last Name _____

Email _____ Cell Phone* _____

*By providing my cell phone number, I understand that AFSCME and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis. AFSCME will not charge for text message alerts; carrier message and data rates may apply to such texts.

Dues are \$24 per year for the individual, \$48 per year for the individual and spouse.

☐ **ANNUAL SAVINGS or CHECKING ACCOUNT DEDUCTION**

Payable by (choose one):

☐ **ANNUAL DEBIT or CREDIT CARD DEDUCTION**

☐ **CHECK**

Deduction by CHECKING or SAVINGS account

(Check one) ☐ **\$24 for the Individual** ☐ **\$48 for Individual and Spouse**

I hereby authorize AFSCME Chapter 61 to make withdrawals from the CHECKING or SAVINGS account, identified below at _____ Financial Institution, hereinafter referred to as FI and authorize the FI to charge such withdrawals to my listed account. Such withdrawals shall be equal to \$_____ and shall be withdrawn annually.

Membership dues may be adjusted from time to time in accordance with the AFSCME International or Chapter constitution, and I will be notified in advance by writing of any such change. If the purpose of such withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. This authorization is effective _____, and will remain in effect until written notification is given to the Chapter.

Name of Financial Institution _____

Type of Account: ☐ Checking ☐ Savings

Routing # _____ Account # _____

Print Name _____ Signature _____ Date _____

Deduction by DEBIT/CREDIT CARD

(Check one) ☐ **\$24 for the Individual**
☐ **\$48 for Individual and Spouse**

I hereby authorize the Chapter to bill my Debit/Credit Card listed below in the Amount of \$_____ one time yearly on the designated effective date.

☐ VISA ☐ MasterCard ☐ Discover Card ☐ AMEX

Name on card _____

Card # _____ Ex. date _____

Billing ZIP _____

3 or 4 digit security code (Back of card) _____

Signature _____

Date _____

Pay by CHECK

(Check one) ☐ **\$24 for the Individual** ☐ **\$48 for Individual and Spouse**

Please make checks payable to **Iowa AFSCME Retiree Chapter 61** and return with this form.

For Internal Use Only:

Subchapter# _____ Date Received _____

Check # _____ Check Date _____

Bank Draft _____ Credit Card _____

**Please return to: Iowa AFSCME Retiree Chapter 61
4320 NW 2nd St., Des Moines, IA 50313**