

## AFSCME

## Application, Maintenance Of Membership AFSC and People Contribution Form



| Last Name   | First  | MI   | SSN ( Last - 4)  | LOCAL#  |
|---|--|--|--|---|
| Employer  | Occupation   | Date of Hire   |  |   |
|   |  |  |  | Work: Full Time   |
| Home Address  | City   | State  | Zip  | Part Time □   |
| * Cell Phone  | Email  |  |  |   |
| I hereby apply for membership in the abide by its Constitution and Bylaws. It bargaining with respect to wages, hou   | authorize the Union, and its successo  | or or assign, to act as my ex  | clusive bargaining rep   | ) (hereafter the "Union") and I agree to<br>presentative for purposes of collective   |
| Effective immediately, I hereby volunt  | arily authorize and direct my emplo<br>ues certified by the Union, and as th   | yer to deduct from my pay<br>ey may be adjusted periodi  | each pay period, re<br>cally by the Union. I f   | gardless of whether I am or remain a<br>further authorize my Employer to remit<br>ment.   |
| date of execution or until the terminal<br>sooner, and for year to year thereafter<br>(20) days prior to such anniversary day<br>collective bargaining agreement is ava | tion date of the collective bargaining<br>, unless I give the Employer and the I<br>te, or other time that may be permitt<br>liable for review, upon request. This   | g agreement (if there is on<br>Union written notice of revo<br>ted under my collective barg<br>card supersedes any prior ( | e) between the Empl<br>cation not less than t<br>gaining agreement, o<br>check-off authorization | Inion, for a period of one year from the loyer and the Union, whichever occurs ien (10) days and not more than twenty rdinance, or regulation. The applicable on card I signed. |
|   |  |  | 4  |   |
| Signature   |  | Date   |  |   |
| <ul> <li>By providing my cell phone number,<br/>phone on a periodic basis. The Unio</li> </ul>  |  |  |  | es and/or text message me on my cell<br>y to such texts.  |
| Deduction Per Pay Period  \$4.17 \$8.35  Other \$ Circle jacket size:  S M L XL 2XL 3XL 4XL  For Office Use Only  3 Jacket Received                                     | I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified in the box provided 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. |  |  |   |
| Signature   |  | Date   |  |   |
|   | AF PEOPLE will accept contributions  |  | ME and their familie   | s. Contributions from other persons wil   |
| be returned. Contributions or gifts to  |  |  |  |   |

AFSCME
ADVANTAGE
THE BENEFITS
OF AFSCME
STRONG
WWW.AFSCME67.

We are stronger together. The more members who join the union, the stronger we will be to negotiate the best possible collective bargaining agreement to improve wages, benefits and working conditions. That's AFSCME Strong. The other benefit of solidarity an membership is you have access to numerous member-only benefits and discounts through the AFSCME Advantage Program, including:

- Free College Benefit
- AFSCME Scholarship Programs
- Annuities
- Auto Buying
- Auto Insurance
- Computer Discounts
- Supplemental Insurances
- Credit Counseling

- Travel Center
- Goodyear Tire and Service Discounts
- Health Club Discounts
- Legal Service
- Mortgage Program
- Motor Club
- Pet Services
- Car and Truck Rental Discounts