

# Welcome to AFSCME Council 65!

Local \_\_\_\_\_  
Chapter \_\_\_\_\_



## A Join our Union! Become an AFSCME member with Dues Authorization

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State or St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Email \_\_\_\_\_

By providing my 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. Carrier message and data rates may apply to such texts. We expect you will receive no more than 3 messages each month.

I hereby request membership with and authorize AFSCME Council 65 to represent me for the purpose of collective bargaining with my employer and to negotiate and conclude all agreements respecting wages, hours and other conditions of employment. Additionally, I hereby request and voluntarily authorize my employer to deduct from my wages an amount equal to the regular monthly dues applicable to members of AFSCME Council 65, and further that such amount so deducted be sent to AFSCME Council 65 for and on my behalf. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to both my employer and AFSCME Council 65 during the period not less than thirty (30) and not more than forty-five (45) days before the annual anniversary date of this authorization. While I remain employed in a position represented by AFSCME, this authorization shall be automatically renewed as an irrevocable check-off year to year unless I revoke it in writing during the above described window period, irrespective of my membership in the Union.

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.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Payments to the Union are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

## B Elect our Bosses! Become a PEOPLE member. (Public Employees Organized to Promote Legislative Equality)

**YES! I want to contribute to our political fund!** As public service workers, AFSCME members elect our bosses. My PEOPLE membership will help ensure we elect pro-worker politicians who will protect our benefits and pensions, and fight for working families across America. I understand that AFSCME PEOPLE uses the money it receives for political purposes. 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 to AFSCME Council 65. In accordance with the federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME 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. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

For MVP members (\$4.25/ pay period Jacket Size:  S  M  L  XL  \_\_\_\_\_

Payroll Deduction  \$10 per pay period  \$8 per pay period  \$6 per pay period  Other amount: \_\_\_\_\_ per pay period

I hereby authorize AFSCME Council 65 to file this payroll deduction with my employer and authorize my employer and associated agencies to deduct each pay period the amount certified in the box provided as a voluntary contribution to AFSCME PEOPLE. Amounts so deducted are to be remitted within 30 days of the deduction to **AFSCME PEOPLE, P.O. Box 65334, Washington, D.C. 20035-5334**, to be used for the purpose of making political contributions and expenditures.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Credit/Debit Card or Bank Account \$ \_\_\_\_\_  Monthly  One time

I hereby authorize AFSCME Council 65 to file this authorization with my financial institution and authorize deductions from the account identified below and authorize the Financial Institution to charge such withdrawals to my listed account. If the purpose for 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. Amounts so deducted are to be remitted within 30 days of the deduction to **AFSCME PEOPLE, P.O. Box 65334, Washington, D.C. 20035-5334**, to be used for the purpose of making political contributions and expenditures.

Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_  Visa  MasterCard  Discover Card  American Express

Card Number \_\_\_\_\_ 3 or 4 digit security code (back of card) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Type of Account:  Checking  Savings

Account Number \_\_\_\_\_ Financial Institution Routing Number \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

## C Your Temporary AFSCME Membership Card

### Our Mission

**We advocate for excellence in services for the public, dignity in the workplace, and opportunity and prosperity for all workers.**

**AFSCME Council 65**  
Temporary Membership Card

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Full Name (Print Clearly) \_\_\_\_\_



Tollfree: 888-474-3242  
Website: www.afscmecouncil65.org

Retain this card as your proof of membership until your permanent card arrives.

*This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to both my employer and AFSCME Council 65 during the period not less than thirty (30) and not more than forty-five (45) days before the annual anniversary date of this authorization. While I remain employed in a position represented by AFSCME, this authorization shall be automatically renewed as an irrevocable check-off year to year unless I revoke it in writing during the above described window period, irrespective of my membership in the Union.*

