



Dues Deduction Authorization Form

Name:		
Address:		
City:	_ State:	Zip Code:
Non-work email:		
Telephone:		(Home/Mobile)
Employer:		
Job title/Classification:		Branch:
Membership Commitment: I hereby apply for and to abide by its Constitution and Bylaws. I author collective bargaining over wages, hours, and comployer. My membership in the union shall be cowriting that I intend to resign.	rize the Union other terms a	n to act as my exclusive representative in and conditions of employment with my
Dues Deduction Authorization: During my employer to deduct from my pay through payroll of uniformly applicable to members. I understand that by the governing body of the Union. I understand that the legal right to refuse to significant to the legal right to refuse to the legal right to refuse to significant to the legal right to refuse to the legal right to r	leductions an at those annu tand that sig	amount equal to the regular monthly dues al amounts are subject to periodic change ning this card is not a condition of my
Revocation Window: This voluntary dues deduction to year unless I revoke this authorization by sending between December 1 and December 31. Such revoke the work of the property of the propert	ng signed wr	itten notice to the Union and my employer
<u>IRS Disclaimer</u> : Dues may not be deductible for circumstances, dues may qualify as a business expe		me tax purposes; however, under limited
<u>Telephone Consumer Protection Act Statement</u> : By Union and its affiliates may use automated calling on a periodic basis, and that I can unsubscribe from message alerts; carrier message and data rates may	technologies m these mess	and/or text message me on my cell phone ages. The Union will never charge for text
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