

Yes! I am AFSCME Strong.
I want a strong voice at work and in my community

Yes, sign me up to:

- Talk to colleagues at work
- Make phone calls to AFSCME members for campaigns
- Knock AFSCME member doors during campaigns

Membership - Private Sector Card

American Federation of State, County and Municipal Employees Membership and Authorization for Dues Deduction

I hereby apply for membership in AFSCME Council 4 (hereafter the "Union") and I agree to abide by its Constitution and Bylaws. I authorize the Union and its successor or assign to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my Employer.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union at my current employer, the amount of dues certified by the Union, and as they maybe adjusted periodically by the Union, and to authorize my Employer to remit such amount monthly to the Union.

If/when the applicable collective-bargaining agreement does not address revocation, then this voluntary authorization and assignment shall remain in effect, regardless of whether I am or remain a member of the Union at my current employer, for a period of one year from the date of execution, and for year to year thereafter unless I give the Employer and the Union written notice of revocation not more than ten (10) days before and not more than twenty (20) days after the end of any yearly period. The applicable collective bargaining agreement is available for review, upon request. This card supersedes any prior check-off authorization card I signed.

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. This authorization and assignment shall remain in effect if my employment with the Employer ends and I am later re-employed by the Employer.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, state law may extend favored tax treatment.

Local Union # _____

Last Name _____ First Name _____ M.I. _____

Home Street Address _____ Apt. No _____

City _____ State _____ Zip Code _____

Job Title _____ Department _____ SSN# Last 4 Digits _____

Personal E-mail _____ Personal Cell Phone No. * _____

Signature _____ Date Signed _____

*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences by calling the Union at 860-224-4000.



Become a PEOPLE MVP for \$8.35/month(\$100annually)

Contribution Form

I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified 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.

Deduction Per Pay Period (26 pp/yr)	
<input type="checkbox"/> \$4	<input type="checkbox"/> \$8
<i>MVP</i>	
Other _____	
Select jacket size	
<input type="checkbox"/> S	<input type="checkbox"/> M
<input type="checkbox"/> L	<input type="checkbox"/> XL
<input type="checkbox"/> 2XL	
Other _____	

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apt. No _____

City _____ State _____ Zip Code _____

Social Security # _____ Occupation _____ Job Title _____

Employer _____ Employee Number (If Any) _____ Business Phone _____

Email Address _____ Home Phone _____

Signature _____ Date Signed _____

Received by: _____
Date: _____

Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes. In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions from other persons will be returned.