



AFSCME Membership Application and Payment Authorization

Name: _____
First M.I. Last Local Union

Address: _____
Street Apt. City State ZIP

Employer: _____ Occupation: _____

Phone: () () ()
Home Phone Cellular Phone Work Phone

E-mail: _____
Personal e-mail Work e-mail

Date of Birth: _____ Last Four Digits of SSN.: _____

Yes, I want to join AFSCME!

Terms and Conditions: By signing this membership application I understand and agree that: (a) my membership is annual beginning from the date I sign this form; (b) membership is for the entire year and renews automatically thereafter; (c) membership dues may be adjusted from time to time in accordance with the AFSCME International or local union constitution, and I will be notified in writing of any such change; (d) I may revoke my membership in AFSCME by providing written notice to AFSCME during the 30 days prior to the termination date of my annual membership, but in doing so will forfeit the rights, privilege and benefits of membership, including the right to participate in union decisions and activities, and all other rights and privileges guaranteed by the union constitution. Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

Signature: _____ Date: _____

Yes, I want to join AFSCME PEOPLE!

I will make a voluntary contribution to AFSCME PEOPLE* in the amount of (check one):

[] \$25 per month [] \$15 per month [] \$10 per month (MVP PEOPLE Jacket) [] \$ _____ per month
Size _____

Signature: _____ Date: _____

*American Federation of State, County & Municipal Employees PEOPLE (AFSCME PEOPLE) is the Federal political committee sponsored by AFSCME and is funded by voluntary contributions, not union dues. AFSCME PEOPLE uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf candidates who support working families. Only U.S. citizens or lawful permanent residents may contribute to AFSCME PEOPLE. Contributions to AFSCME PEOPLE are entirely voluntary, and are not required as a condition of employment or of membership in AFSCME. Any suggested contribution amount is only a suggestion, and you are free to contribute more or less (nothing) without fear of reprisal. No person will be favored or disadvantaged by reason of the amount of their contribution or their decision not to contribute. A written authorization for automatic contributions may be revoked at any time by providing AFSCME with written notice. AFSCME PEOPLE does not accept contributions from persons other than AFSCME members, officers, administrative employees, and their families. All donations from other persons will be returned. Contributions to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions to AFSCME PEOPLE aggregate in excess of \$200 in a calendar year.

Payment method (select one):

- Electronic Funds Transfer from your checking account – complete back of this form and attach voided check
- Electronic Funds Transfer from your savings account – complete back of this form (requires bank account number)
- Credit Card Payment – complete back of this form (requires credit card information)

COMPLETE THIS SIDE TO PAY BY CREDIT CARD

Deductions from your account will be made on the 10th of each month

CREDIT CARD PAYMENT AUTHORIZATION

Credit Card (check one):

MasterCard VISA American Express

Cardholder Name: _____ Card Security Code: _____

Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

By signing, I hereby authorize AFSCME to initiate a debit entry to my credit card as indicated above for payment of my annual dues and any voluntary AFSCME PEOPLE contribution for the current membership year and each year thereafter beginning on the anniversary of the date indicated above. I authorize AFSCME to enter my credit card information into its membership application to assess membership dues and understand the credit card information provided will be destroyed once data is entered. My authorization remains in full force and is effective until I terminate this agreement by notifying AFSCME in writing. I understand my written notification to AFSCME must be made by the 1st day of the month in order for this agreement to be changed in any manner or to be terminated in that month. The amount of my monthly payment is my monthly dues amount plus any monthly AFSCME PEOPLE contribution I have chosen to make. I further agree that if any such debit or withdrawal is dishonored with cause, AFSCME shall be under no liability whatsoever if such dishonor results in late charges or fees. I also agree that despite any termination of credit card authorization, I continue to be responsible for membership dues subject to the membership terms and conditions listed below.

Terms and Conditions: I understand and agree that: (a) my membership is annual beginning from the date I sign this form; (b) membership is for the entire year and renews automatically thereafter; (c) membership dues may be adjusted from time to time in accordance with the AFSCME International or local union constitution, and I will be notified in writing of any such change; (d) I may change or revoke my voluntary PEOPLE contribution at any time by giving AFSCME written notice; and (e) I may revoke my membership in AFSCME by providing written notice to AFSCME during the 30 days prior to the termination date of my annual membership, but in doing so will forfeit the rights, privilege and benefits of membership, including the right to participate in union decisions and activities, and all other rights and privileges guaranteed by the union constitution.

COMPLETE THIS SIDE TO PAY FROM YOUR CHECKING OR SAVINGS ACCOUNT

Deductions from your account will be made on the 10th of each month

ELECTRONIC FUNDS TRANSFER – BANK DRAFT AUTHORIZATION

(Please attach a VOIDED check for verification of bank information)

Check One: Checking Savings

Bank Name: _____

Bank Routing Number (9 Digits):

Bank Account Number:

Signature: _____ Date: _____

By signing, I hereby authorize AFSCME to initiate Electronic Funds Transfers (EFT) from my bank account indicated above for payment of my annual dues and any voluntary AFSCME PEOPLE contribution for the current membership year and each year thereafter beginning on the anniversary of the date indicated above. My authorization remains in full force and is effective until I terminate this agreement by notifying AFSCME in writing. I understand my written notification to AFSCME must be made by the 1st day of the month in order for this agreement to be changed in any manner or to be terminated in that month. The amount of my monthly payment is my monthly dues amount plus any monthly AFSCME PEOPLE contribution I have chosen to make. I further agree that if any such debit or withdrawal is dishonored with cause, AFSCME shall be under no liability whatsoever if such dishonor results in late charges or fees. I also agree that despite any termination of EFT authorization, I continue to be responsible for membership dues subject to the membership terms and conditions listed below.

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