

# AFSCME Local 199 Membership Application & AFSCME PEOPLE Contribution



4349 NW 36th Street, Miami, FL 33166



New Member       Current Member-Update Info       Become a PEOPLE Contributor

I hereby apply for membership in AFSCME Local 199 and I agree to abide by its Constitution and Bylaws. By this application, I authorize AFSCME Local 199 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, the amount of dues certified by AFSCME Local 199, and as they may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to the AFSCME Local 199. This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, unless I give the Employer and the Union thirty days written notice of the revocation. 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 membership.

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.

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Employee ID \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Home (\_\_\_\_\_) \_\_\_\_\_  
 Cell (\_\_\_\_\_) \_\_\_\_\_  
 Work (\_\_\_\_\_) \_\_\_\_\_  
 Worksite \_\_\_\_\_  
 Dept. \_\_\_\_\_

Check here to get important text alerts from AFSCME. Message and data rates may apply.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Received By \_\_\_\_\_ Date \_\_\_\_\_

## Contribute to AFSCME PEOPLE!

*Earn MVP Rewards when you contribute.*

**First time MVPs receive a PEOPLE jacket!**

Circle your size:

SM MD LG XL 2XL Other \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

Jacket received

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 for the purpose of making political contributions and expenditures. 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 (Pay periods per year [26] )**

\$2     \$4 MVP     \$5     Other \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

