



## AUTHORIZATION FOR PAYROLL DEDUCTION FOR UNION DUES – PUBLIC SECTOR

First Name \_\_\_\_\_ M.I. \_\_\_\_ Job Title \_\_\_\_\_  
Last Name \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Occupation \_\_\_\_\_  
Address 2 \_\_\_\_\_ Work Location \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Personal Email \_\_\_\_\_  
Cell Phone\* \_\_\_\_\_

\*By providing my cell phone number I 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. My carrier's rates may apply. I may modify my preferences by calling the Union at (573) 635-9145 or emailing the Union at [membership@afscmeiowa.org](mailto:membership@afscmeiowa.org).

I hereby apply for membership in AFSCME Council 61, and its successor or assign (hereafter the "Union") and I agree to abide by its Constitution and Bylaws. I authorize the Union 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.

Upon being covered by an agreement with my Employer, 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 the Union, and as they may be adjusted periodically by the Union, and to authorize my Employer to remit such amount monthly to the Union. This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, 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 less than ten (10) days and not more than twenty (20) days before the end of any yearly period, or other time that may be permitted under an applicable ordinance or regulation. 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.

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

Signature

Date (mm/dd/yy)

Last four of SSN