

AFSCME Local 1542 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 1542 and I agree to abide by its Constitution and Bylaws. By this application, I authorize AFSCME Local 1542 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 1542, and as they may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to the AFSCME Local 1542. 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 _____ SSN (last four) _____
 E-mail _____
 Home (____) _____
 Cell (____) _____
 Work (____) _____
 Employee ID _____
 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.