



MEMBERSHIP APPLICATION
AUTHORIZATION FOR PAYROLL DEDUCTION



Oregon AFSCME Council 75 - AFL- CIO - Local No. _____

Applicant's Name _____ Emp # _____
Please Print Name

Address _____
Street City State Zip

Social Security No. _____ Occupation _____

Employer Name _____ Ph#Hm. _____ Wk. _____

E-Mail Address _____ Work Site _____

I hereby apply for membership and request and authorize deduction monthly from my earnings an amount sufficient to provide for the regular payment of current monthly dues, as established by Local Union # _____, Oregon AFSCME and as certified by it. Any change in that amount shall likewise be so certified. The amount to be deducted shall be monthly remitted to Oregon AFSCME Council 75. This authorization shall remain in effect during my employment by the entity to which this authorization is directed, as a contract between myself and all other members of the Local Union, unless revoked by me in writing with a copy to the union.

Date Signed _____ X _____

"Dues, contributions or gifts to AFSCME are not deductible as charitable contributions for federal income tax purposes. Dues paid to AFSCME, however may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service."

**See reverse side
for voluntary
PEOPLE Deduction**

www.oregonafscme.com



**AUTHORIZATION FOR VOLUNTARY PAYROLL
DEDUCTION AS CONTRIBUTION TO PEOPLE**
(Public Employees Organized to Promote Legislative Equality)

I hereby authorize my employer and associated agencies to deduct each pay period the amount certified below as a voluntary contribution to PEOPLE, a qualified political committee, to be used in accordance with the by-laws for the purpose of making political contributions. 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, and that I may revoke this authorization at any time by giving written notice. Amount: \$ _____ / per pay period

signature

date

In accordance with state and federal law, the PEOPLE committee will accept contributions only from members of AFSCME and their families.

* Jacket Size (circle one only) S M L XL XXL XXXL

* subject to qualifying monthly amount.



874-M