

|                       |                          |                       |   |
|-----------------------|--------------------------|-----------------------|---|
| _____<br>Last Name    | _____<br>First           | _____<br>MI           | <b>LOCAL #</b><br><span style="font-size: 2em; font-family: monospace;">2563</span> |
| _____<br>Employer     | _____<br>SSN ( Last - 4) | _____<br>Date of Hire |   |
| _____<br>Home Address | _____<br>City            | _____<br>State        | _____<br>Zip  |
| _____<br>Cell Phone   | _____<br>Email           |                       |   |

I, the undersigned, hereby apply for membership in the American Federation of State, County and Municipal Employees, AFL-CIO as my duly authorized representative on matters relating to wages, hours and other conditions of employment in order to promote and protect my economic welfare. **Please consider this your authority to deduct from my salary or wages earned by me an amount certified by the Union as my regular current dues.** The amount deducted shall be paid to Maryland Public Employees Council 67. This authorization shall remain in effect unless terminated by me with proper written notice in accordance with the collective bargaining agreement current regulations, or by my termination of employment.

Dues are not deductible as charitable contribution or Federal Income Tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.  
 I agree to receive text message updates from AFSCME. Message and data rates may apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Deduction Per Pay Period**

\$4.17     \$8.35

Other \$ \_\_\_\_\_

Circle jacket size:

**S M L XL 2XL 3XL 4XL**

**For Office Use Only**

Jacket Received

I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified in the box provided as a voluntary contribution to be paid to the treasurer of American Federation of State, County & Municipal Employees PEOPLE, 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



*Our goal at AFSCME is to provide the best benefits and services to our members. We've always done this by negotiating contracts that include more benefits and higher wages for our members. Now members can take full advantage of the members-only AFSCME Advantage Programs. These programs are just one more way that AFSCME members really do gain the advantage.*

**WE MAKE  
 DISCOUNTS  
 HAPPEN**

WWW.AFSCME67.org

- AFSCME Scholarship Programs
- Annuities
- Auto Buying
- Auto Insurance
- College Savings Grants
- SF&C Supplemental Insurance
- Credit Counseling
- Debit/Credit Card
- Education Services
- Goodyear Tire and Service Discounts
- Health Club Discounts
- Legal Service
- Mortgage Program
- Motor Club
- Pet Services
- Car and Truck Rental Discounts