



AFSCME Council 20 Membership Application & AFSCME PEOPLE Contribution

☐ New Member ☐ Current Member-Update Info ☐ Become a PEOPLE Contributor

Membership in AFSCME AFSCME Council 20, Local _____

Signature _____ Date _____

I hereby apply for membership in Local _____ of AFSCME Council 20 and I agree to abide by its Constitution and Bylaws. By this application, I authorize AFSCME Council 20, 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 Council 20, and as they may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to AFSCME Council 20 ("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; provided however, if the applicable collective bargaining agreement specifies a different or longer annual revocation period, then only that other period shall apply. The applicable collective bargaining agreement is available for review, upon request. 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, they may be tax deductible as ordinary and necessary business expenses.

Name _____
Street Address _____
City _____ State _____ ZIP _____
Date of Birth _____ Home () _____ Cell () _____
Email _____ SSN (last four) _____
Position _____
Worksite _____ Department _____

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



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

☐ \$8.35 MVP ☐ \$4.20 ☐ Other \$ _____

Pay periods per month? _____

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.

District Of Columbia Offices of Budget & Financial Management District Accounting Pay Section Authorization or Cancellation of Voluntary Deduction for Payment of Employee Organization Dues

Section A (To Be Completed By Employee – Field code: _____)

Please complete all of Section A. Your payroll organization code can be found in the upper left hand corner of your payroll stub.

Please print or type:

Employee ID Number _____

Name (Last, First, Middle Initial) _____

Hire Date _____

Check one

☐ New application _____
Enter proper deduction code

☐ Cancellation/service fee _____
Enter 0000 as deduction code

I hereby authorize a deduction of \$ _____
for PEOPLE and the amount in Section B for
dues from my pay each pay period. To be forwarded to the employee organization herein:

Signature of Employee _____

Date _____

Section B

To Be Completed By
Employee Organization

I hereby certify that the regular dues for the above named member are currently established at \$ _____ per pay period.

Signature of Authorized Official _____

Title of Authorized Official _____

Date _____