



Yes! I want to join my coworkers to improve our wages enhance our benefits and protect our job security.

Name: _____ Employee ID (or last 4 digits of SS#): _____

Employer: **City of Austin** **Travis County** Department Name: _____

Home Address: _____ DOB: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Email Address: _____

I authorize and request my Employer to deduct from my wages such sums as are authorized from time to time by the membership of and in accordance with the Constitution of AFSCME Local 1624. This, my membership dues shall be paid to AFSCME Local 1624. Any such dues increase as approved by Local 1624 membership may be added to the dues amount deducted without the need for me to re-execute this authorization. I understand that I may cancel this authorization at any time. I authorize AFSCME Local 1624 to be my representative to present grievances concerning wages, hours of work, conditions of work and fringe benefits. Dues paid to AFSCME may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

Signature: _____ Date: _____