

GGU AUTHORIZATION FOR PAYROLL DEDUCTIONS

Entered _____

COMPLETE AND RETURN TO: ASEA/AFSCME Local 52, 2601 Denali Street, Anchorage, AK 99503

or Fax: (907) 277-5206 or Email: aseahq@afscmelocal52.org

PLEASE PRINT CLEARLY

| | | |
|--------------------------|--|---------------|
| Most Recent Date of Hire | Employee ID or Last 4 of Social Security Number | Voter ID # |
| Department | Last Name | First Middle |
| Division | Mailing Address | |
| Work Location | City | State Zip + 4 |
| Job Title | Physical Address | |
| Cell Phone* Home Phone | City | State Zip + 4 |
| Work Phone | Home E-Mail Address* <small>*(Home email and cell phone information will be kept confidential by ASEA and AFSCME, will be used for official ASEA Union purposes only. By providing my cell phone number I understand that the Union and its affiliates may use automated call technology and/or send text messages on a periodic basis. The Union will not charge for text alerts. Carrier rates may apply.)</small> | |

I hereby apply for or commit to maintain my membership in ASEA/AFSCME Local 52 and I agree to abide by its Constitution and Bylaws. By this application, I authorize ASEA/AFSCME Local 52 and its successor or assign, (hereafter referred to as ASEA or the "Union"), to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours, 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 ASEA, the amount of dues as certified by ASEA, and as they may be adjusted periodically by ASEA. I further authorize my Employer to remit such amount monthly to ASEA. My decision to pay my dues by way of payroll deduction, as opposed to other means of payment, is voluntary and not a condition of my employment.

This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of ASEA, for a period of one year from the date of execution or until the termination date of the collective bargaining agreement (if there is one) between the Employer and the Union, whichever occurs sooner, 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. Employees must inform the Union of any promotion or transfer to a position outside the bargaining unit. This card supersedes any prior dues authorization card I signed.

(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.)

ASEA BUSINESS LEAVE BANK

I authorize the deduction of 7-1/2 hours of personal leave for deposit in the ASEA/AFSCME Local 52 Union Business Leave Bank*

X

SIGNATURE OF BARGAINING UNIT MEMBER

DATE

Authorization for Payroll Deductions of my

Public Employees Organized to Promote Legislative Equality (PEOPLE) VOLUNTARY CONTRIBUTION

You may make a contribution of any amount or no contributions at all to PEOPLE. The Union will not favor or disadvantage anyone by the level or decision to contribute. In accordance with federal law, the PEOPLE Committee will accept contributions from only members of AFSCME and their families. Contributions to AFSCME PEOPLE are not deductible as a charitable contribution for federal income tax purposes.

I understand that this contribution may be used for political purposes. My contribution is voluntary. I understand that it is not required as a condition of membership or as a condition of continued employment, and that I may revoke this authorization at any time by giving 30 days written notice.

I AUTHORIZE THE STATE OF ALASKA TO DEDUCT THE FOLLOWING VOLUNTARY CONTRIBUTION FROM MY PAYCHECK EACH PAY PERIOD, TO BE PAID TO ASEA/AFSCME LOCAL 52 POLITICAL ACTION COMMITTEE.

Minimum Contribution \$2.00 (Does not qualify for AFSCME MVP Rewards)

AFSCME PEOPLE MVP Rewards Program (\$5.00 minimum contribution to qualify for the AFSCME MVP Rewards)

\$5.00 \$10.00 \$ _____ (Any amount up to \$20.00)

X SIGN HERE

SIGNATURE OF BARGAINING UNIT MEMBER

DATE

FORM-COM-REMO