

AFSCME LOCAL 1550 ENROLLMENT & AUTHORIZATION FORM



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

Today's Date: _____

Employer: City of Pasadena Harris County Harris Health System Houston ISD

Date of Birth: _____ Employee ID: _____ Last 4-digits of SN#: _____ Years of Service: _____

First Name: _____ Last Name: _____

Home Phone: _____ Personal Cell Phone: _____ Best Time to Call: _____

Department Name: _____ Work Location: _____ Job Title: _____

Supervisor's Name: _____ Supervisor's Email: _____ Supervisor's Phone: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Personal Email: _____ Business Email: _____

(If someone referred you, please enter his/her name) First Name: _____ Last Name: _____

(AFSCME 1550 Representative) First Name: _____ Last Name: _____

ACKNOWLEDGEMENT | e-SIGNATURE | SUBMIT

I authorize and request my Employer (selected above) 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 1550.

My membership dues shall be paid to **AFSCME Local 1550**. Any such dues increase, as approved by **AFSCME Local 1550** 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. Dues paid to **AFSCME Local 1550** may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

Additionally, I authorize **AFSCME Local 1550** to be my representative to present grievances concerning wages, hours of work, conditions of work and fringe benefits. By electronically entering my First and Last Name in the signature box, I authorize **AFSCME Local 1550** to submit this form to my employer's HR/Payroll department for deduction purposes.

Finally, I understand that I must complete new member orientation (to be scheduled at a later date) to ensure I stay connected, engaged, and empowered.

Signature: _____ Date: _____

OTHER DELIVERY OPTIONS

Manual Email Option – Complete, Save, Attach Form to Email and Send to: kydugar@aol.com

Fax Option - Complete, Save, Print, and Fax form to 713-928-6869

