

AFSCME LOCAL 1550 ENROLLMENT & AUTHORIZATION FORM

Clear 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: Morning

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: _____

SUBMIT FORM NOW!

OTHER DELIVERY OPTIONS

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

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

