

Name (type or print) _____

LAST

FIRST

MI



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in AFSCME Local 2620 and designate the union as my duty chosen and authorized representative on all matters relating to my employment and in order to promote and protect my economic welfare.

I authorize a deduction of monthly dues to be made from my salary in accordance with the rules and regulations of the State Controller. I further agree that the union act as my agent in transactions between myself, the union and the State Controller.

MEMBER'S SIGNATURE

DATE

DATE OF HIRE

SPECIFIC JOB CLASS

SOC. SEC. NO.

DEPARTMENT

HOME ADDRESS

WORK ADDRESS

CITY AND ZIP

CITY AND ZIP

HOME PHONE

WORK PHONE

E-MAIL

I hereby authorize AFSCME Local 2620 to deduct an additional \$1 \$5 \$10 other: \$_____ per month for political action. I understand I may cancel this at any time by notifying the Los Angeles Union office in writing. **Member's Initials** _____

Dues, contributions or gifts to AFSCME are not deductible for federal income purposes. Dues paid to AFSCME, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service. Dues are set by vote of the membership. Current dues are .8 of 1% of your salary, plus periodic increases mandated by the International Union.

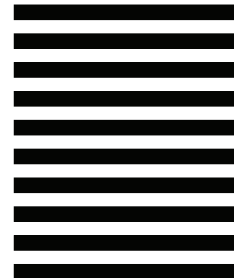


FOR OFFICE USE ONLY

A _____ U _____ S _____ D _____ C _____ CTY _____ PKT _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 74098 LOS ANGELES CA

POSTAGE WILL BE PAID BY ADDRESSEE

AFSCME LOCAL 2620
514 SHATTO PL STE 215
LOS ANGELES CA 90020-9802

