

Dear worker:

Only union members have the right to attend local union meetings, offer input, vote on contracts, run for union office, and elect union officers. If you choose to be an agency fee payer, you will miss those opportunities.

If you wish to be a voting member with a voice, please contact your local union leader or the Council 5 receptionist (651-450-4990) to obtain a membership card.

Alone, workers are like fingers poking at bad bosses. United, we fuse our fingers into a mighty fist that is stronger than the bosses who threaten our pensions, our health care, and even our jobs as they try to slash budgets and privatize our work. We hope you choose to join and become an active member of our powerful union.



AFSCME Council 5, AFL-CIO

Private Employer

Authorization for Payroll Deduction of Fees

I hereby request and authorize you to deduct from my earnings at least monthly, an amount sufficient to provide for the regular payment of Agency Fee Payer fees established by AFSCME Local Union No. _____. The amount shall be certified by said Local Union and any changes in such amount shall also be so certified. The amount deducted shall be paid to Minnesota AFSCME Council 5 for credit to the account of my Local Union. This authorization and assignment shall be irrevocable for the time of the applicable contract between the Union and the employer, or for one year, whichever is lesser and shall automatically renew itself for successive yearly or contract periods thereafter, whichever is lesser, unless I give written notice to the employer and the union at least sixty days and not more than seventy-five days before any periodic renewal date of this authorization and assignment of my desire to revoke the same.

X _____
Employee's Signature Date Signed

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_____	_____	_____	_____	_____	_____	()	_____
Last Name	First Name	Middle Name				Area Code	Home Phone
_____	_____	_____	_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip		Home Email Address	
_____	_____	_____	_____	_____	_____	_____	_____
Employer	Work Location	Department				Job Title	
_____	_____	_____	_____	_____	_____	()	_____
Employee ID Number	Work Email Address					Area Code	Work Phone