Application for Membership

MICHIGAN STATE EMPLOYEES ASSOCIATION/AFSCME LOCAL 5

_____

Name-Last First Middle

_____

Home Address (Street) (City) (State) (Zip)

_____

Home Phone No. Work Phone No.

_____

Department and Work Site (example; Corrections/Standish Maximum Facility)

_____

Signature Date

_____

Work County (example; Ingham) Job Title & Level (example; TMW III)

MICHIGAN STATE EMPLOYEES ASSOCIATION/AFSCME LOCAL 5

Authorization for Payroll Deduction

Misu [ ] Employee ID Number [E A 0 1] Deduct Code

On this date, _____ , _____, I the undersigned, do hereby authorize the State of Michigan to deduct a sum equal to one (1) hour of my base hourly wage rate each two-week pay period from any accrued wages due me (until revoked by written notice in accordance with the applicable contract between MSEA/AFSCME Local 5 and the State of Michigan) and to remit same to the Michigan State Employees Association/ AFSCME Local 5 for payment of my union dues. Consent is additionally hereby given to increase or decrease the specific named deduction each two week pay period to that of any amount determined by the Union in accordance with Article XVII of the Constitution (as amended) of the Michigan State Employees Association. Fees, contributions, or gifts to MSEA/AFSCME Local 5 are not deductible as charitable contributions, for federal income tax purposes. Fees paid to MSEA/AFSCME Local 5, however, may qualify as business expenses and may be deductible in limited circumstances, subject to various restrictions imposed by the Internal Revenue Service.

_____

Signature of Employee

_____

Name (please print or type) Department (please print or type)