

MEMBERSHIP FORM: Professional Employees in Research, Statistics & Analysis, AFT 4999

Last Name:	Home Phone:
First Name:	Mobile Phone:
Billing Address:	Work Phone:
Billing City:	Work Location:
Billing State: Billing Zip:	Personal Email:
<input type="checkbox"/> Billing address is also my home address	Work Email:

Monthly Dues Amount	\$ 49.00	FOR OFFICE USE
Monthly COPE Amount	<input type="checkbox"/> \$4 <input type="checkbox"/> \$6 <input type="checkbox"/> Other: \$	
Total Monthly Amount	\$	

COPE Payment Optional

The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I understand that I will be notified in writing of the change. I agree this authorization, dues payment, and membership remains in effect until terminated in writing by me.

PAYROLL DEDUCTION: *In the event that payroll dues deduction goes back into effect, I hereby authorize the State of Wisconsin to deduct each payroll period from my wages the membership dues for Professional Employees in Research, Statistics & Analysis, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the State of Wisconsin unless terminated by me upon written notice to: AFT 4999 Treasurer. Termination of employment will automatically terminate dues deduction when payroll deduction is in effect. I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues might qualify as a business expense.*

I agree to be a member of Professional Employees in Research, Statistics & Analysis, authorize Professional Employees in Research, Statistics & Analysis to represent me to the fullest extent of the law, and accept the terms of the agreement above.

Signature _____ Date _____

COPE DISCLOSURE: I hereby authorize a monthly contribution to the AFT-Wisconsin COPE in the amount indicated above. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT-Wisconsin COPE. AFT-Wisconsin COPE may engage in joint fundraising efforts with AFT COPE and/or the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT-Wisconsin COPE in writing of the desire to do so. Contribution or gifts to AFT-Wisconsin COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity.

COPE PAYROLL DEDUCTION: *In the event that payroll deduction back goes into effect, I also hereby authorize the State of Wisconsin to deduct from my wages the voluntary COPE contribution for AFT-Wisconsin in the amount indicated above.*

I have read and accept the terms of the COPE agreement above.

Signature _____ Date _____

Payment Type (pay dues by check):

	<input type="checkbox"/> I Will Pay My Dues by Check
<input type="checkbox"/> Bi-Monthly Payment	<input type="checkbox"/> Quarterly Payment
<input type="checkbox"/> Semi-Annual Payment	<input type="checkbox"/> Annual Payment
Inclose initial payment by enclosing a check payable to "AFT 4999" and mail to:	AFT 4999 Treasurer Bill Brockmiller 1322 Ferry St La Crosse, WI 54601