

AFSCME Local 449 Membership Card

First: *	MI: <u>*</u> Last: <u>*</u>
*Address:	
*City/State/Zip:	/
*Personal Email:	
* Cell:	*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. To modify your preferences email: info@afscme449.org
	* FT PT
*Work Location:	
* Beneficiary:	
*Registered Voter YES	NO Birth Date://
I authorize AFSCME Local 449 to represent me in wages, hours, and in all terms and conditions of employment.	Signature: * Date: *
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AFSCME LOCAL 449 MEMBERSHIP APPLICATION

I hereby agree for membership in the American Federation of State, County and Municipal Employees:

I hereby expressly authorize my fiscal office to deduct from my wages and remit to AFSCME Local 449 the correct amount of dues as may be adjusted from time to time, based on dues formulas established by the membership. This authorization shall supersede any previously signed by me, and shall remain in effect until canceled by me by written notice to AFSCME Local 449. I also authorize AFSCME Local 449 to deduct insurance premiums or benefit plans in conjunction with my dues, when separately authorized by me.

It is expressly understood and agreed that the fiscal office shall not be liable in any manner for failure or delay in making deductions or payments here authorized, and I agree not to hold the fiscal office liable to any loss sustained by me for its failure or delay in making such deductions or payments. Dues, contributions or gifts to AFSCME are not deductible as charitable contributions for federal income tax 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.