



# AFSCME PEOPLE MEMBERSHIP FORM

Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes. In accordance with federal law, AFSCME PEOPLE accepts contributions only from AFSCME members, executive and administrative personnel, and their families. Contributions from other persons will be returned. All contributions to AFSCME PEOPLE are voluntary and will be used to support pro-worker candidates in federal, state and local elections. Federal law requires us to use our best effort to obtain and report the name, address, occupation and employer of each individual whose contributions exceed \$200 in a calendar year.

(Please PRINT CLEARLY and FIRMLY in INK.)

Local Name \_\_\_\_\_ Local No. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_  M or  F

\* Shipping Address \_\_\_\_\_ Apt./Lot # \_\_\_\_\_

City \_\_\_\_\_ (\* Cannot accept PO Boxes) State \_\_\_\_ ZIP \_\_\_\_\_ + \_\_\_\_\_

Last 4 Digits of Soc.Sec.No.   X     X     X   -   X     X   - \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Personal Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Yes! I would like to receive important alerts from my Union!

\*\* Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\* By providing your cell phone number, you consent to receive calls (including recorded or autodialed calls, or text messages) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences by calling the Union at (614)890-4770.

## PEOPLE Membership Status (Check one.):

Initial Membership     Re-Enrollment     Increase in Contribution

Circle Jacket Size:    **XS**    **S**    **M**    **L**    **XL**    **2X**    **3X**    **4X**    **5X**

MVP Jacket received at sign-up.     No, OAPSE Office to send to the name and address listed above.

## Voluntary Payroll Deduction Amount:

I want to contribute the following checked amount to AFSCME PEOPLE through PAYROLL DEDUCTION. The amount authorized is to be deducted annually in equal installments. (Check amount below.)

**Champion Levels of Participation:**     \$100 (MVP)     \$250 (MVP-Bronze)  
 \$500 (MVP-Silver) (or)     \$1,000 (MVP-Gold)     Other \$ \_\_\_\_\_

I hereby authorize my Employer and associated agencies to deduct from each pay period the appropriate amount which will reflect my total annual contribution certified on this form as a voluntary contribution to be paid to the Treasurer of AFSCME/PEOPLE, c/o OAPSE/AFSCME Local 4/AFL-CIO, 6805 Oak Creek Drive, Columbus, Ohio 43229-1591, to be used for the purpose of making political contributions and expenditures. My contribution is continuous unless revoked by giving written notice to my Employer and my Union. My contribution is given voluntarily and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Recruiter \_\_\_\_\_ Local No. \_\_\_\_\_

**FOR DONATION TYPES OTHER THAN PAYROLL DEDUCTION:**

Complete the TOP SECTION on the reversed side of this form FIRST before proceeding. (Please PRINT CLEARLY and FIRMLY in INK.)



**Donate to AFSCME PEOPLE through DIRECT CONTRIBUTION:**

- Cash in the amount of \$ \_\_\_\_\_
- Personal Check No. # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_
- Money Order in the amount of \$ \_\_\_\_\_

**Attach CASH and/or PERSONAL CHECK or MONEY ORDER (made payable to "AFSCME PEOPLE") to this form.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Donate to AFSCME PEOPLE with a CREDIT CARD:**

I hereby authorize AFSCME PEOPLE to bill my credit card account listed below in the amount of \$\_\_\_\_\_ monthly or a one-time charge of \$\_\_\_\_\_. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

**Type of Card (Check ONE):**

- Visa     MasterCard     Discover     American Express

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Donate to AFSCME PEOPLE using ELECTRONIC FUNDS TRANSFER (EFT):**

I hereby authorize AFSCME PEOPLE to make withdrawals from the account identified below at \_\_\_\_\_ (Financial Institution, herein referred to as FI) and authorize the FI to charge such withdrawals to my listed account. Such withdrawals shall be equal to \$\_\_\_\_\_ and shall be payable monthly. If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE. I understand that AFSCME PEOPLE uses the money it receives for political purposes.

Name of Financial Institution \_\_\_\_\_

Checking Acct.     Savings Acct.    FI Routing & Transit No. \_\_\_\_\_

Account to Debit \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_