

**Local 965, American Federation of State, County and Municipal Employees
AFSCME, AFL-CIO**

P.O. Box 2459, Fayetteville, AR 72702-2459

Membership Application Payroll Deduction Authorization

Last Name _____ First Name _____ Middle Initial _____

Home Mailing Address _____

City: _____ State: _____ ZIP _____

Phone Numbers: Mobile _____ Other _____

Email: _____ Date of Birth: _____ Registered voter? Yes / No ____

Employee Number _____ Job Title: _____

Employer _____

Employer Mailing Address: _____

Employer City: _____ State: _____ ZIP _____

Want to volunteer for committees or projects? Yes / No ____ Please list related skills or interests:

I, the undersigned, hereby apply for membership in Local 965 of the American Federation of State, County and Municipal Employees (AFSCME, AFL-CIO), and designate AFSCME as my duly chosen and authorized representative on matters relating to my employment. I further request and authorize it to deduct from my earnings each payroll period an amount for dues the union certifies. The amount deducted shall be transmitted to AFSCME Council 38 (Arkansas).

Dues 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 deducted in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

"The employer is continually authorized to provide my mailing address upon request of AFSCME Council 38." These deductions shall be irrevocable from the date thereof and shall be automatically renewed annually unless revoked by written notice to the Employer and AFSCME.

Employee Signature: _____ Date: _____

Please complete this form, sign and either hand to a 965 officer or mail to:

LOCAL 965, AFSCME — P.O. BOX 2459, FAYETTEVILLE, AR 72702-2459

Revised 082018