

AFSCME/WVSEU Council 77

APPLICATION FOR MEMBERSHIP/AUTHORIZATION FOR PAYROLL DEDUCTION

Name (Please Print) _____

Home Address _____

City _____ State _____ Zip _____

Employer or Agency _____

Work Location _____ County _____

City _____ State _____ Zip _____

Beneficiary for Life Insurance	Relationship	Birthdate
Name _____		
Address _____		
City _____	State _____	Zip _____

--	--	--

Social Security Number

--	--	--

Date of Birth

--	--

Home Phone

--	--

Work Phone

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E-mail

I hereby apply for membership in AFSCME/WVSEU Council 77 and I authorize the State Auditor to deduct from my monthly salary, and remit to AFSCME/WVSEU Council 77 membership dues in the amount certified by the Director of AFSCME/WVSEU Council 77 provided that I may revoke such deduction authorization during an annual 30 day period beginning May 1.



Employee Signature _____

Date _____

FOLD HERE AND SEAL AT TOP WITH TAPE



(304) 342-2114

Website: www.afscmewv.org