

Social Security No. _____

Employee Name (Last, First, Middle initial) Please print _____

City of Nogales

Communications Workers
of America - AFL-CIO
Local 7000

**Employee Authorization for Payroll Deduction
of Union Dues for CWA 7000**

I hereby authorize the City of Nogales Finance Dept. to deduct from my salary or wages, sickness or disability payments, or other benefits payments or vacation payments, an amount equal to regular monthly Union dues. If for any reason the City of Nogales Finance Dept. fails or is unable to make a deduction, I authorize the City of Nogales Finance Dept to make such deduction in a subsequent payroll period.

The amount equal to regular monthly Union dues shall be that which is certified to the City of Nogales Finance Dept. by the Communications Workers of America for the bargaining unit and job in which I am employed and shall automatically be adjusted for any bargaining unit and job changes, if applicable.

This authorization shall remain in effect while I am employed by the City of Nogales unless cancelled by me. Such cancellation must be individually sent to my City of Nogales Finance Dept. and to the Union local by certified mail during the fourteen (14) day period prior to the anniversary date or termination date of the current or subsequent Labor Agreement, and shall be effective on the first payroll period in the following month.

This authorization is voluntarily made in order to pay my fair share of the Union's cost of representing me for purposes of bargaining and this authorization is not conditioned on my present or future membership in the Union.

Amounts deducted in accordance with this authorization are not deductible as charitable contributions for Federal Income Tax purposes.

Date _____

Employee signature _____

Employee Work Location _____

Employee ID # _____

Union Local _____

City of Nogales Department _____

CITY COPY

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Name (Please Print) _____ Soc Sec. No. _____

Address _____ (include ZIP)

Communications Workers of America Local 7000

I hereby request and accept membership in the COMMUNICATIONS WORKERS OF AMERICA and when accepted by the Local, agree to be bound by the Constitution of the Union and Amendments thereto, and Rules and Regulations now in effect or subsequently enacted by the Union and/or the Local to which I am assigned.

Date _____

Signature _____

Department _____

Present title _____

Home Phone _____

Work Location _____

Home email _____

Representative _____

Work Phone _____

Union membership dues and agency fees are not deductible as charitable contributions for Federal Income Tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

LOCAL COPY

City of Nogales

Communications Workers
of America AFL-CIO

**Union Political Action Committee
Allotment Authorization**

Social Security Number _____ Employee Name (Last, First, Middle initial) Please print _____

Union: National _____ Local _____ Effective Date _____

CWA 7000

CIRCLE ONE:

New enrollment

Change of Amount

Cancel

I hereby authorize the City of Nogales Finance Dept. to deduct from my wages each pay period, in accordance with the agreement between the District and the Union, the amount shown below and transmit that amount to the Treasurer of the appropriate committee as I direct in my election to participate.

Amount to be deducted \$ _____

This authorization is made voluntarily to the specific understanding that it and the making of payments to the committee are not conditions of membership in the Union or employment with the City of Nogales. This authorization revokes and supersedes any authorization previously given by me. Contributions of gifts to COPE-PAC are not deductible for Federal Income Tax purposes.

Forward to Treasurer: Employee signature _____

Work phone no. (include area code) _____

Date _____

COPE-PAC CWA

Signature of Union Representative certifying that employee is eligible to participate

CITY COPY