HOW TO BECOME A UNION MEMBER

AFGE LOCAL 1395



Cost:

\$15.00 per pay period

Rebate:

\$100.00 (Will be mailed to home address after 60 days of dues collection).

How to Enroll:

Complete form "Request for Payroll Deductions for Labor Organization Dues". FORM 1187 (Must include your signature in Section A.)

Section A: Council #

- PSC/RO/OGC = 109 OHO/NHC = 215
- FO/TSC = 220 OARO = 224

*Include UNDER NAME OF AGENCY (YOUR - JOB POSITION/COMPONENT) Example, BA/PSC, OR CSR/FO, OR CSR/TSC

Where to submit:

Mail:

AFGE Local 1395 PO BOX 804730 Chicago IL 60680-4108

Email: afge1395@afge1395.org (SSA

Secure Partner)

FAX: 833-575-1395

Questions? Call/Text: 833-575-1395

Note: your membership card will be released after four payroll (4) deductions have been received.





REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Section 5525 of title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: I) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit:

4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

appropriate Government agency if the Government is party to a legal suit;																														
PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK.																														
1. Last Name							П			Firs	it 		Т	T	\top	Т	\top	Т	\top	Т	Т	Т	Т		Т		Т	7 1	M.I.	
2. Home Address										Т		1				1								Unit	t #					
City					State		Zip coc	de		1	3.	. Emp	loyee	SSN			٦		т .	_	_	4 ٦ ٦	4. Da	ite of	f Birt	:h - M	M/□ □ , □	DD/Y	Y	
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5. Home Phone Numb	er			6. Pers	onal C	ell Pho	ne Nu	mbe	r (pre	eferre	d)	_		7.	Office	Ph	one I	Nun	nber	_					1	Exte	nsior	1		
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8. Primary Personal En	nail (Not your g	overnment en	nail ad	dress)		Opt 0	Out Em	nail																						
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9. Name of Agency													Ш							I give permission for AFGE to invit										
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Section A - Authorization by Employee																														
I hereby authorize the a								the fi	irst						ot in t															
ull pay period of each month, the amount certified below as the regular dues of the: that Standard Form 1188, Ca available from my employing Form 1188 or other written ca										ing ag	gen	cy, an	d th	at I m	nay (cance	el thi	s aut	thoriz	zatio	n by f	iling	Stan	dard						
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	Council # (if applicable) Local # Local # after the next established cancellation date of the calendar year after the cancellation is received.																													
	and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is																													
certified by the below named labor organization as a uniform change in its dues structure. Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other																														
I understand that this authorization, if for a biweekly deduction, will become effective the pay provisions of the Internal Revenue Code.																														
	Signature of Employee Date Signed MM/DD/YY												Gend	ler (Optio	onal)		. ['	M	<u></u> □ '	Othe	r						
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Name of Labor Or	ganization (Ind	icate Local)		Sect	ion	B - F	or I	Us	e b	y La	ıbo	r O	rga	niz	atic	on		Ţ		Ţ							Ţ	_	_	
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL I. D. Code:																														
I hereby certify that the regular dues of this organization for the above named member are currently established at \$ per biweekly pay period.																														
	Signature and Title of Authorized Official														Т				Т	7	$\overline{\Box}$	Т] / [T				_		
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Recruiter Name	-																													
Recruiter SSN _																														
Current Address — Notes										City .									St	ate			7	Zip -					-	