



Personal Information (please print)

Form fields for Last, First, M.I., Street Address, Apartment/Unit #, City, State, and ZIP Code.

Form fields for Home Phone, Cell Phone, Home Email, Employer (City of Los Angeles), Worksite Address, Department (Library), Job Title, Work Phone, Hire Date, Work Email, and Employee ID#.

AFSCME Membership

I hereby apply for membership in Local 2626 of AFSCME Council 36 (hereafter referred to as the "Union") and I agree to abide by its Constitution and Bylaws.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my paycheck regardless of whether I am or remain a member of the Union, the amount of dues certified by the Union, and as they may be adjusted periodically by the Union.

This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of execution or until the termination date of the memorandum of understanding (if there is one) between the Employer and the Union, whichever occurs sooner, and for year to year thereafter, unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than twenty (20) days before the end of any yearly period.

I recognize that my authorization of dues, deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

Signature, Date, and Last 4 digits of Soc. Security Number fields.

AFSCME PEOPLE (Public Employees Organized to Promote Legislative Equality)

I hereby authorize my employer and associated agencies to deduct each pay period the amount certified as a voluntary contribution to be paid to the treasurer of American Federation of State, County, and Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O. Box 65334, Washington D.C. 20035-5334, to be used for the purpose of making political contributions and expenditures.

Deduction per pay period: \$4.17 MVP, \$5 MVP, or Other \$.

Signature and Date fields for AFSCME PEOPLE contribution.

In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal tax purposes.

Request for a Jacket with minimum \$4.17 per pay period contribution, including size selection (S, M, L, XL, 2XL, 3XL).

DIRECTIONS: Fill out form online. Download. Print. Sign and date. Email scan to librariansguild@hotmail.com