

Communications Workers of America • NCPSO
 5809 Lakeside Avenue • Richmond, VA 23228
 AUTHORIZATION FOR PAYROLL DEDUCTION OF UNION DUES


 Print Last Name First Name and Initial Employee ID Number Facility

TO: Virginia Department of Corrections
 Virginia Department of Juvenile Justice

I, the undersigned, hereby authorize you to deduct from my pay, amounts equal to regular monthly dues. This authorization is being made voluntarily for my membership into the Communications Workers of America - Virginia's Union for State Employees (CWA-VUSE).

The intervals and amounts to be deducted are those which are certified in writing by the Secretary-Treasurer of CWA. I authorize the amounts so deducted to be paid by my employer to the Secretary-Treasurer of CWA. Dues currently are set at \$10.00 per pay period but may increase in the future in accordance with the CWA constitution.


It is understood that if said amount cannot be deducted from my pay in any payroll period because my pay is insufficient, such deduction shall be made in any succeeding period in which my pay is sufficient.

Date _____ Signature of employee _____ 

Communications Workers of America
 MEMBERSHIP APPLICATION

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Employee ID Number	
_____ Home Address		_____ City	_____ State	_____ Zip
_____ Location	_____ Department	_____ Rank	_____ Shift	_____ Hire Date
_____ FullTime/Part Time	_____ Work Phone	_____ Home Phone	_____ Cell Phone/Pager	_____ Email Address

I hereby request and accept membership in the COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO - VIRGINIA'S UNION for STATE EMPLOYEES 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 of employee _____ 

PAYROLL AUTHORIZATION CARD	CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE
	I hereby authorize my employer to deduct from my wages the sum of \$ _____ per pay period and to remit such amount to the Communications Workers of America Committee on Political Education Political Contributions Committee. ("CWA-COPE PCC")

This authorization is voluntarily made based on my specific understanding that:

- The signing of this authorization card and the making of contributions to CWA-COPE PCC are not conditions of membership in the union nor of employment with the company and that I may refuse to do so without fear of reprisal.
- I am making a contribution to a joint fund-raising effort sponsored by CWA-COPE PCC and the AFL-CIO Committee on Political Education Political Contributions Committee ("AFL-CIO COPE PCC") and that CWA-COPE PCC and AFL-CIO COPE PCC will use my contributions for political purposes, including but not limited to, the making of contributions to or expenditures on behalf of candidates for federal, state, and local offices and addressing political issues of public importance.
- Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.
- Contributions or gifts to CWA-COPE PCC and AFL-CIO COPE PCC are not deductible as charitable contributions for federal income tax purposes.

Check One: New Enrollment Change in Amount Cancellation

Employee Signature _____ Date _____ Print Name _____ Local # _____

Street Address _____ City _____ State _____ Zip _____

Name of Employer _____ Occupation _____ 