



**DISTRICT COUNCIL 37, AMERICAN FEDERATION OF
STATE, COUNTY & MUNICIPAL EMPLOYEES, AFL-CIO**
125 BARCLAY STREET, NEW YORK, N.Y. 10007 (212) 815-1570

**Local
3652**

UNION MEMBERSHIP AND DUES DEDUCTION AUTHORIZATION

I hereby apply for membership in Local 3652, District Council 37, AFSCME, AFL-CIO and I agree to abide by its Constitution and Bylaws. By this application, I authorize the Union to act as my exclusive bargaining representative for the purpose of collective bargaining with respect to wages, salaries, hours and other terms and conditions of employment.

Subject to New York State Civil Service Law §208 and/or Mayor's Executive Order No. 98, dated May 15, 1969, and Mayor's Executive Order No. 107, dated December 29, 1986 and in all amendments or supplements thereto hereafter issued, I hereby authorize my Employer to deduct in each regular payroll from my salary/wages my Local's current dues amount and any duly authorized dues increase, in accordance with the terms of the collective bargaining agreement between District Council 37 and my Employer. You are further authorized to make any necessary changes and adjustments in said deductions as may be necessary from time to time because of duly authorized changes in the amount of such dues. I further understand that if I wish to revoke this authorization I must do so in writing to my Employer and the Union.

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.

(Print or Type)

Name of Employee: _____
(Last) (First) (Initial)

Social Security No.: (Last 4 Digits Only) _____ Employer ID: (Pass #) _____

Employer: _____ Dept./Division: _____

Employer Address: _____ Job Title: _____

Home Address: _____
(No. and Street) (Borough) (State) (Zip)

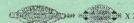
Home Phone Number: _____ Cell: _____ Email Address (Personal): _____

By checking the box, I consent to receiving information from the Union regarding its organizing activities, opinion polling, surveys, upcoming Union-sanctioned events and political campaigns, via autodialed, prerecorded calls or texts at the telephone numbers provided. Standard telephone minutes and text charges may apply.

I also authorize DC 37 and the DC 37 Health and Security Plan to provide general information concerning union-sponsored plans, programs and events via email.

Signature of Employee: _____ Date: _____

Public (Non-State) Employer



Revised - August 26, 2015