



Texas Correctional Employees Council, AFSCME, AFL-CIO

100 I-45 North, Suite 125A, Conroe, Texas 77301

| Texas Identification Number 146-4129525

NEW MEMBERSHIP FORM

SECTION A: Employee Information

Last Name		First Name		Middle Name	
Street Address		City	State	ZIP	
SSN (last 4)		Cell Phone *	Personal Email		
Agency / Univ.		Unit / Location	Job Title	Card / Shift	

*By providing my cell phone number I consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. My carrier's rates may apply. I may modify my preferences by calling the Union at 1-800-374-9772 or emailing the Union at union@afscmetexascorrections.org.

SECTION B: Membership and Authorization

I hereby apply for membership in Texas Correctional Employees Council, AFSCME, AFL-CIO (hereafter the "Union") and I agree to abide by its Constitution and Bylaws. By this application, I designate the Union as my duly authorized representative on matters relating to my economic welfare, including wages, hours, working conditions, and the Fair Labor Standards Act (FLSA), and as my representative in any grievances I may have concerning these matters.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay monthly the amount of dues certified by the Union, and as they may be adjusted periodically by the Union, without requiring me to submit a new authorization, and to authorize my Employer to remit such amount monthly to the Union.

I must submit this authorization to my Employer's human resource officer or payroll officer to authorize the deduction. I should also notify the Union by providing a copy of the authorization to the Union. This card supersedes any prior check-off authorization card I signed.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, state law may extend favored tax treatment.

I understand that I cannot be compelled to be a member of a state employee organization or to pay dues to a state employee organization as a condition of employment with the state. While I am free to join a state employee organization, I understand that I may change or cancel this authorization at any time by providing written notice to my employer. I voluntarily authorize a monthly payroll deduction in the amount shown below, and as may be adjusted by the employee organization to remain a member in good standing, from my salary or wages for membership fees to the state employee organization listed above and agree to comply with the comptroller's rules concerning this deduction. I agree that my name, social security number, personal contact information, and the amount of my payroll deduction for membership fees may be provided to the state employee organization listed above only for the purpose of informing the state employee organization about the payroll deduction. I understand that if I revoke my authorization and cease paying monthly dues, I will no longer be entitled to the benefits of my membership in the Union.

Membership Dues in Texas Correctional Employees Council, AFSCME, AFL-CIO are currently \$45.15/month.

Employee Signature	Date
--------------------	------

I agree to comply with the rules adopted by the Comptroller concerning deductions for membership dues.

SECTION C: Agency Use Only

Agency Name	Agency #
-------------	----------

Unit #	First Active Duty Date
--------	------------------------