

STATE OF WISCONSIN
WISCONSIN PROFESSIONAL EMPLOYEES COUNCIL
AUTHORIZATION FOR PAYROLL DEDUCTIONS FOR
EMPLOYEE ORGANIZATION DUES

First Name

Initial

Last Name

I hereby request and authorize the STATE OF WISCONSIN, as my employer, to deduct from my earnings on a monthly basis a sufficient amount to provide for the monthly payment of dues as established by the WISCONSIN PROFESSIONAL EMPLOYEES COUNCIL.

Such amount is to be remitted each month for me and on my behalf to the treasurer of the WISCONSIN PROFESSIONAL EMPLOYEES COUNCIL.

It is understood that this authorization shall begin on the first payroll period following this date and shall continue until I give written notice of termination to the WISCONSIN PROFESSIONAL EMPLOYEES COUNCIL. I further understand that resignation of membership in WPEC does not relieve me of my obligation to pay a maintenance of membership fee that is the equivalent of dues.

Dues paid to WISCONSIN PROFESSIONAL EMPLOYEES COUNCIL may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

Date Signature

Social Security Number Department

STATE COPY DO NOT DETACH

Please furnish the following information:

First Name Initial Last Name

Date Signature

Social Security Number E-mail

Employing Department Civil Service Classification and Subtitle

Work Address City State Zip Code

Home Address City State Zip Code

Home Phone TDD Office Phone TDD



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1542 MADISON WI

POSTAGE WILL BE PAID BY ADDRESSEE

WI PROFESSIONAL EMPLOYEES COUNCIL
6602 NORMANDY LANE
MADISON WI 53719-1081

