



**JOIN AND SUPPORT YOUR UNION!  
IT BENEFITS ALL OF US!**

**WE URGE YOU TO JOIN**

Your fellow employees invite you to join our Union. We are only as strong as the participation of those we represent. By uniting with your co-workers through Local 1902, you gain the strength you need to protect and improve your rights and you gain access to all the member services we offer.

**THE METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA  
PAYROLL DEDUCTION AUTHORIZATION**

Please Print Legibly

<b>Employee Number</b>	<b>Hire Date</b> (MM/YY)	<b>SSN</b> (last four digits only) * * * - * * -	
<b>Print Name</b>		<b>Nickname</b> (preferred name)	
<b>Address</b>			
<b>City</b>	<b>Zip</b>	<b>County</b>	
<b>Home Phone/Cell</b>		<b>Personal Email</b>	
<b>Work Location</b>		<b>Work Phone/Ext.</b>	

*I hereby authorize the Metropolitan Water District of Southern California to deduct from each of the first two paychecks of each month an amount equal to one-half the monthly Union dues in the Employees Association of the Metropolitan Water District of Southern California/AFSCME Local 1902 and to pay the amount so deducted to AFSCME Local 1902. Allocation of a portion of membership dues to the AFSCME Local 1902 PAC shall be done in accordance with Executive Board decision and approval. The deduction shall be based on the Union dues in effect on the first day of each payroll period.*

Employee Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

	<p><b>VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM</b></p> <p>I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified in the box provided as a voluntary contribution to be paid to the treasurer of American Federation of State, County &amp; 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. My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke this authorization at any time by giving written notice.</p>
	<p> <input type="checkbox"/> \$8             <input type="checkbox"/> \$6             <input type="checkbox"/> \$4             <input type="checkbox"/> Other _____             Jacket Size (with min \$4 contribution)             <input type="checkbox"/> S             <input type="checkbox"/> M             <input type="checkbox"/> L             <input type="checkbox"/> XL             <input type="checkbox"/> 2XL             <input type="checkbox"/> 3XL             <input type="checkbox"/> 4XL         </p>
<p>Employee Signature _____</p> <p><i>In accordance with federal law, the PEOPLE committee 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 income tax purposes.</i></p>	<p>Date _____</p>

Date Entered: \_\_\_\_\_ Group No. \_\_\_\_\_ Entered By: \_\_\_\_\_ Sent to PB?

