



## Union Dues Authorization Card

**AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO**  
*AUTHORIZATION FOR PAYROLL DEDUCTION*

By \_\_\_\_\_  
PLEASE PRINT      LAST NAME      FIRST NAME      MIDDLE NAME      EMP #

To SPIN INC \_\_\_\_\_  
NAME OF EMPLOYER      DEPARTMENT

I hereby request and authorize you to deduct from my earnings each (payroll period) BI-WEEKLY an amount sufficient to provide for the regular payment of the current rate of monthly union dues established by AFSCME Local Union No. 1739, Council No. 47. The amount shall be certified by Local Union No. 1739, Council No. 47 and any change in such amount shall be so certified. The amount deducted shall be paid to the treasurer of Local Union No. 1739, Council No. 47 AFSCME.

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE      DATE

