

MEMBERSHIP FORM: United Faculty of UW-Eau Claire, Local 6481

Last Name:	Home Phone:
First Name:	Mobile Phone:
Billing Address:	Work Phone:
Billing City:	Work Location:
Billing State:	Personal Email:
Billing Zip:	Work Email:
<input type="checkbox"/> Billing address is also my home address	

Monthly Dues Amount	\$	FOR OFFICE USE
Monthly COPE Amount	<input type="checkbox"/> \$4 <input type="checkbox"/> \$6 <input type="checkbox"/> Other: \$	
Total Monthly Draft	\$	

I authorize AFT-Wisconsin to draft my account each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by AFT-Wisconsin. I agree this authorization remains in effect until terminated in writing by me.

PAYROLL DEDUCTION: In the event that payroll dues deduction goes into effect, I hereby authorize the University of Wisconsin to deduct each payroll period from my wages the membership dues for the United Faculty of UW-Eau Claire, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the University of Wisconsin unless terminated by me upon written notice to: Local 6481 Treasurer, 429 McKinley Avenue, Eau Claire, WI 54701. Termination of employment will automatically terminate dues deduction.

I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

I agree to be a member of the United Faculty of UW-Eau Claire, authorize the United Faculty of UW-Eau Claire to represent me to the fullest extent of the law, and accept the terms of the agreement above.

Signature _____ Date _____

COPE DISCLOSURE: I hereby authorize a monthly contribution to the AFT-Wisconsin COPE in the amount indicated above. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT-Wisconsin COPE. AFT-Wisconsin COPE may engage in joint fundraising efforts with AFT COPE and/or the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT-Wisconsin COPE in writing of the desire to do so. Contribution or gifts to AFT-Wisconsin COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity.

COPE PAYROLL DEDUCTION: In the event that payroll deduction goes into effect, I also hereby authorize the University of Wisconsin to deduct from my wages the voluntary COPE contribution for AFT-Wisconsin in the amount indicated above.

I have read and accept the terms of the COPE agreement above.

Signature _____ Date _____

Payment Type (please select 1 of the 3 options below):

<input type="checkbox"/> Bank Draft OPTION #1	<input type="checkbox"/> Credit/Debit Card OPTION #2
Bank Name:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC
Draft Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Name on Card:
Bank Routing Number (9 digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Number:
Bank Account Number:	Expiration Date:
<input type="checkbox"/> Personal Check OPTION #3	
Frequency: <input type="checkbox"/> Annual Payment <input type="checkbox"/> Semi-Annual Payment <input type="checkbox"/> Quarterly Payment	
Make checks payable to "Local 6481" and mail to: 429 McKinley Avenue, Eau Claire, WI 54701	