DUES AUTHORIZATION FORM FOR
CITY EMPLOYEES PMSA/PEU

Federation of Physicians and Dentists/AHPE-PMSA/PEU, NUHHCE, AFSCME, AFL-CIO

Circle one: **PMSA (Professional Manages and Supervisors) PEU (Public Employees Union)**

NAME	DED. CODE (leave this box blank)	DEPARTMENT	JOB TITLE
HOME ADDRESS	CITY	ZIP	HOME PHONE
WORK LOCATION			SOCIAL SECURITY NUMBER

Dues Payment: Please select an Option and Sign under Appropriate Column.
If selecting COPE (Political Action) option, please sign on both lines.

Full-Time Employees Check Your Choice	Part-Time Employees Check Your Choice
Option 1 – Dues-_____Monthly _____Biweekly	**Option 3 – Dues-_____Monthly _____Biweekly**
Option 2 – Dues/COPE-_____Monthly _____Biweekly	**Option 4 – Dues/COPE_____Monthly _____Biweekly**

The Federation of Physicians and Dentists (FPD)/AHPE-PMSA/PEU is hereby designated as my agent to represent me with the City

I also request and authorize the City to deduct my earnings and transmit to the organization an amount sufficient to provide for regular payment of membership dues as certified from time to time by the organization.

I understand that such deduction is revocable upon thirty (30) days written notice to the employer and FPD/PMSA/PEU, or by my transfer, promotion or demotion out of this bargaining unit, or by termination of my employment; or pursuant to Section 447.507, Florida Statutes.

I hereby waive any rights and claims for said monies so deducted and transmitted in accordance with this authorization and indemnify to the City and its agents.

My signature hereto is also authorization for the City to release my social security number in reporting dues deductions.

Dues paid to FPD/PMSA/PEU may not be deducted for federal income tax purposes, however, under limited circumstances, dues may qualify as a business expense.

Signature Date

I hereby authorize the City to deduct from my earnings one dollar per pay period for a FPD/PMSA/PEU Committee on Political Action (COPE) contribution.

This authorization is signed voluntarily and with the understanding the FPD/PMSA/PEU (COPE) is engaged in joint fund-raising efforts with the AFL-CIO and will use such money contributed to make political contributions and expenditures in connection with federal, state and local elections.

I understand that such deduction is revocable upon thirty (30) days written notice to the employer and FPD/PMSA/PEU (COPE). The City shall be absolved of any liability resulting from the collection of such assessment.

Contributions for COPE to FPD/PMSA/PEU are not deductible as charitable contributions for federal income tax purposes (for Option 2 and 4 only).

Signature Voluntary Political Contribution Date

Mail To: **Federation of Physicians and Dentists**
1310 Cross Creek, Suite C2
Tallahassee, Florida 32301

OR

Fax To: **(850) 942-6722**