DUES AUTHORIZATION FORM FOR
STATE-EMPLOYED PHYSICIANS

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

Membership dues = $27.39 per bi-weekly period OR $28.39 with COPE

NAME	DED. CODE (leave this box blank)	DEPARTMENT	DIST/REGION

HOME ADDRESS	CITY	ZIP	HOME PHONE

WORK LOCATION (include complete address)	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 _____Bi-weekly	Option 3 - Dues _____Monthly _____Bi-weekly
Option 2 - Dues/COPE _____Monthly _____Bi-weekly	Option 4 - Dues/COPE _____Monthly _____Bi-weekly

The Federation of Physicians and Dentists (FPD) is hereby designated as my agent to represent me with the State of Florida.

I also request and authorize the State 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, 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 State and its agents.

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

Dues paid to FPD 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 State of Florida to deduct from my earnings one dollar per pay period for a FPD Committee on Political Action (COPE) contribution.

This authorization is signed voluntarily and with the understanding the FPD (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 (COPE). The State shall be absolved of any liability resulting from the collection of such assessment.

Contributions for COPE to FPD 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 & Dentists**
1310 Cross Creek Circle, Suite C-2
Tallahassee, Florida 32301

OR

FAX TO: **(850) 942-6722**