



**DUES AUTHORIZATION FORM FOR STATE EMPLOYEES (SES)**

**FPD**

**Federation of Physicians & Dentists**  
*A Division of FPD/AHPE, NUHHCE, AFSCME, AFL-CIO*  
 1310 Cross Creek Circle, C-2  
 Tallahassee, FL 32301

**FAX Dues Form to 850-942-6722**

**DUES PAYMENT**

Regular Dues Option is \$27.39 per bi-weekly period  
 COPE contribution is \$1.00 additional (\$28.39) each pay period.

**Full-Time Employees Check Your Choice**

**Part-Time Employees Check Your Choice**

**Option 1:** Dues \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-weekly

**Option 2:** Dues/COPE \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-weekly

**Option 3:** Dues \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-weekly

**Option 4:** Dues/COPE \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-weekly

**DUES AUTHORIZATION**

The Federation of Physicians & 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 from 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 Florida Statute Section 447.507.

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.

_____		_____		_____		_____	
<b>Print Name</b>		<b>DED. CODE</b> ( <i>leave blank</i> )		<b>Department</b>		<b>Dist/Region</b>	
_____		_____		_____		_____	
<b>Work Location</b> ( <i>Complete Address</i> )		<b>City</b>		<b>State</b>		<b>Zip Code</b>	
_____		_____		_____		_____	
<b>Work Phone</b>	<b>Fax</b>	<b>Cell</b>		<b>Email Address</b>			
_____		_____		_____		_____	
<b>Home Address</b>		<b>City</b>		<b>State</b>		<b>Zip Code</b>	
_____		_____		_____			
<b>Home Phone</b>		<b>Social Security Number</b>		<b>Signature</b>			

**FPD (COPE) DEDUCTION AUTHORIZATION** (*Only For Option 2 or 4 above*)

I hereby authorize the State of Florida to deduct from my earnings one dollar (\$1.00) per pay period for a FPD Committee on Political Education (COPE) contribution.

This authorization is signed voluntarily and with the understanding that 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_