



**CHECK-OFF AUTHORIZATION FORM  
PATCO (COPE) DEDUCTION AUTHORIZATION FORM**

**PATCO**

**Professional Air Traffic Controllers Organization**

*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**

**Monthly Dues are Two Hours Pay**

PATCO(COPE) contribution is an additional \$1.00 each pay period.

**CHECK-OFF AUTHORIZATION**

I hereby direct and authorize my employer to deduct from any wages earned or to be earned by me as an employee, such amount as may be established by the Professional Air Traffic Controllers Organization (PATCO), FPD/AHPE, NUHHCE, AFSCME, AFL-CIO, and become due to it, as my membership dues and/or fees or assessments in said UNION, or such agency fees and/or equivalent or related amounts as may be required to fulfill my contractual and lawful obligation. I authorize my employer to deduct such amount from one or more of my weekly pay checks each month as required and to remit the same to the Secretary-Treasurer of said UNION.

This assignment, authorization and direction shall become effective upon delivery, subject to the check-off provision of the current Agreement between the EMPLOYER and the UNION, is voluntary and is not conditioned on my present or future membership in the UNION.

This assignment authorization and direction shall be irrevocable for the period of one (1) year, or until the termination of said collective bargaining agreement between the EMPLOYER and the UNION, whichever occurs sooner; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year each or for the period of each succeeding applicable collective bargaining agreement between the EMPLOYER and the UNION, which shall be shorter, unless written notice is given by me to the EMPLOYER and the UNION not more than fifteen (15) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between the EMPLOYER and the UNION, which occurs sooner.

This authorization is made pursuant to the provisions of applicable law including Section 302(c) of the Labor Management Relations Act of 1947.

<b>Print Name</b>		<b>Employer / Position</b>	
<b>Work Location (Complete Address)</b>		<b>City</b>	<b>State</b>
<b>Work Phone</b>		<b>Fax</b>	<b>Zip Code</b>
<b>Work Phone</b>		<b>Cell</b>	<b>Email Address</b>
<b>Home Address</b>		<b>City</b>	<b>State</b>
<b>Home Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Home Phone</b>		<b>Social Security Number</b>	
<b>Home Phone</b>		<b>Signature</b>	

**PATCO (COPE) DEDUCTION AUTHORIZATION**

I hereby authorize my employer to deduct from my earnings one dollar (\$1.00) per pay period for a PATCO Committee on Political Education (COPE) contribution.

This authorization is signed voluntarily and with the understanding that PATCO (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 PATCO (COPE). My employer shall be absolved of any liability resulting from the collection of such assessment.

Contributions for COPE to PATCO are not deductible as charitable contributions for federal income tax purposes.

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