



DUES AUTHORIZATION FORM
City Employees PMSA/PEU

**Professional Managers & Supervisors Association
 & Public Employees Union**

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

CIRCLE ONE:

PMSA (*Professional Managers & Supervisors*)

PEU (*Public Employees Union*)

DUES PAYMENT

Regular Dues Option is calculated at 2 hours pay per month
 COPE contribution is \$1.00 additional each pay period.

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

DUES AUTHORIZATION

The Federation of Physicians & 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 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/PMSA/PEU, 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 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.

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

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

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

This authorization is signed voluntarily and with the understanding that 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.

Signature: _____ **Date:** _____