DUES AUTHORIZATION FORM FOR STATE EMPLOYEES (SES)

PMSA

Professional Managers & Supervisors Association

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 calculated at 1.3% of your gross earnings per pay period

COPE contribution is $1.00 additional each pay period.

Full-Time Employees Check Your Choice

Option 1: Dues _____ Monthly _____ Bi-weekly

Option 2: Dues/COPE _____ Monthly _____ Bi-weekly

Part-Time Employees Check Your Choice

Option 3: Dues _____ Monthly _____ Bi-weekly

Option 4: Dues/COPE _____ Monthly _____ Bi-weekly

DUES AUTHORIZATION

The Federation of Physicians & Dentists (FPD)/AHPE-PMSA 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/PMSA, 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/PMSA may not be deducted for federal income tax purposes, however, under limited circumstances, dues may qualify as a business expense.

Print Name | **DED. CODE (*leave blank*)** | **Department / Job Title**

Work Location (*Complete Address*) | **City** | **State** | **Zip Code**

Work Phone | **Fax** | **Cell** | **Email Address**

Home Address | **City** | **State** | **Zip Code**

Home Phone | **Social Security Number**

Signature

FPD/PMSA (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/PMSA Committee on Political Education (COPE) contribution.

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

Contributions for COPE to FPD/PMSA are not deductible as charitable contributions for federal income tax purposes.

Signature:_____ **Date:**_____