



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

**SEAG**

**State Employees Attorneys Guild**  
*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**

**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 State Employees Attorneys Guild (SEAG)/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 SEAG/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 SEAG/FPD 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	

**SEAG (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 SEAG/FPD Committee on Political Education (COPE) contribution.

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

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

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