

AUTHORIZATION TO WITHHOLD UNION DUES



Last Name	First Name	M.I.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Telephone	Department	E-Mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby authorize the State of New Jersey (campus below) to make bi-weekly deductions from my wages, AFT union dues, in such amounts as are uniformly required by the Union of all its members, and to remit all such dues deducted to the appropriate Local of the American Federation of Teachers in accordance with the provisions of the current Agreement between the State of New Jersey, and the Council of New Jersey State College Locals. I understand that this authorization shall remain in effect unless cancelled by me in writing and that such cancellation shall become effective on the first pay period following July 1, in accordance with my current negotiated contract. (Union dues may not be deductible for Federal Income Tax Purposes; however under limited circumstances dues qualify as a business expense.)

Employee Category:	Employer:
<input type="text"/>	<input type="text"/>
Employee Signature:	Date
<input type="text"/>	<input type="text"/>

To electronically enter your scanned signature in the signature field:

1. Right click anywhere in this document and choose 'Save As' and then choose a location to save it. We recommend the desktop.
2. Open this membership card in Acrobat Reader.
3. Click anywhere in the Employee Signature field.
4. Browse to a saved image of your signature on your hard drive.
5. Click "Open" to place your signature.

Return signed form to the College Council via USPS, fax or email PDF to:

Council of NJ State College Locals AFT/AFL-CIO
1435 Morris Ave., Ste. 3-A
Union, NJ 07083
Fax: 908-688-9330
Email: info@cnjscl.org