

NAPE/AFSCME Membership Form  
 NEBRASKA ASSOCIATION OF PUBLIC EMPLOYEES (NAPE) LOCAL 61 of the AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES (AFSCME) AUTHORIZATION for PAYROLL DEDUCTION (Per Nebraska Statutes Sec. 48-224 RRS 1967)

TO: \_\_\_\_\_  
 Name of Employing Agency Work Location & City

\_\_\_\_\_ \_\_\_\_\_  
 Social Security Number (last 4 digits only) NIS Employee Number (if known)

BY: \_\_\_\_\_  
 (PRINT) First Name Last Name Middle Name

Effective (Today's Date) \_\_\_\_\_ I hereby request and authorize you to deduct from my earnings an amount sufficient to provide for the regular payment of the current rate of monthly association fees established by NAPE/AFSCME. The amount shall be certified by NAPE/AFSCME; any change in such amount shall require a membership vote and shall be certified. The amount deducted shall be paid to the Treasurer of NAPE/AFSCME. This authorization may be terminated by written notice to NAPE/AFSCME during June's open withdrawal period and at no other time during the year.

\_\_\_\_\_  
 Employee's Signature

Fold Here  
 - - - - -

**NAPE/AFSCME**  
 Membership Card

<b>NAME:</b>	First <span style="margin-left: 150px;">Last</span>	Middle
<b>HOME:</b>	Address <span style="margin-left: 150px;">City</span>	State <span style="margin-left: 20px;">ZIP</span>
<b>Personal Phone Number</b>		
<b>Personal E-Mail Address</b>		
<b>Employer Agency</b>		<b>Job Title</b>
<b>Worksite Location City</b>		
- - - - - (Below Is For Office Use Only - <b>DO NOT COMPLETE</b> ) - - - - -		
<b>DATE CARD RECEIVED</b>		<b>DATE CARD SUBMITTED TO EMPLOYER</b>
<b>DATE LETTER MAILED</b>		<b>DISTRICT</b>