

Payroll Deduction Authorization



North Carolina Public Service Workers Union

P.O. Box 46263
Raleigh, NC 27620

Please print clearly and press hard using a ball-point pen or type

NAME _____
last name first name middle name

ADDRESS _____
street/RFD apt. #

city/town state zip code email address

() () **TO**
area code home phone area code cell phone work/shift hours (ex. 7am to 4pm)

workplace (dept., university, institution) building/work area job title

For UNC Graduate Workers Only: Monthly Paycheck Biweekly Paycheck
Dues Withdrawn from (Check One)

Social Security Number

— —

Dues for Active & At-Large Members: \$17.00 per month

I, the undersigned, request membership in the above union. I hereby authorize my employer to deduct UE Local 150 dues from my wages as indicated above, in such amounts as established pursuant to the UE Local 150 By-Laws. This authorization shall continue until cancelled by me by written notice to the UE Local 150 Central Office.

Signature _____ **Date** _____