

DUES DEDUCTION AUTHORIZATION FOR BUTTE CO FRR & PD

I wish to become a member of Public Employees Union, Local One, and have their representation in all matters involving employer-employee relations before the appropriate governing Board of Council or its designated representatives. I hereby authorize you to collect from my wages or salary, through payroll deduction, such amounts as are necessary to provide any optional benefit programs offered by the Association, which I may select. This authorization to be effective on receipt by you and until cancelled by me in writing or until my separation from employment.

Name: _____ Employee No.: _____

Home Address: _____
(zip code)

Home Phone: _____ Work Phone: _____

Department: _____ Classification: _____

Date of Employment: _____ Birthdate: _____

Signature: _____ Date: _____