

# CITY PUBLIC SERVICE

## PAYROLL DEDUCTION DUES AUTHORIZATION

1 R. K. <b>64</b>	2 EMPLOYEE NUMBER	3 CODE	ORGANIZATION <b>IBEW LOCAL 500</b>	4 DEDUCTION AMOUNT
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(Please Print)

EMPLOYEE'S LAST NAME	FIRST NAME	MIDDLE INITIAL

I understand that in accordance with Local Union 500 By-Laws Art. IX Sec. 7 that union dues are based on hourly earnings and will increase accordingly with pay raises and promotions.

### ADDITIONAL AMOUNT

CHECK ONE:  \$2.00 PER MONTH  \$5.00 PER MONTH  OTHER \$ \_\_\_\_\_ PER MONTH

EMPLOYEE'S SIGNATURE

DATE SIGNED

I certify that the above named employee is a member of the above listed Employees' Association.

ORGANIZATION PRESIDENT

DATE SIGNED