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| --- | --- | --- | --- |
| **Last Name:** |  | **Home Phone:** |  |
| **First Name:** |  | **Mobile Phone:** |  |
| **Billing Address:** |  | **Work Phone:** |  |
| **Billing City:** |  | **Work Location:** |  |
| **Billing State:** | **Billing Zip:** | **Personal Email:** |  |
| **🗆 Billing address is also my home address** | | **Work Email:** |  |
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| --- | --- | --- | --- |
| Monthly Dues Amount |  | $ | **FOR OFFICE USE** |
| Monthly COPE Amount | 🗆 $20 🗆 $10 🗆 $5  🗆 Other: | $ |
| **Total Monthly Draft** |  | $ |

I authorize AFT-Wisconsin to draft my account each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by AFT-Wisconsin. I agree this authorization remains in effect until terminated in writing by me.***(PAYROLL DEDUCTION:*** *In the event that payroll dues deduction goes back into effect, I hereby authorize the Employer to deduct each payroll period from my wages the membership dues for my local union, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the Employer unless terminated by me upon written notice to my Local. Termination of employment will automatically terminate dues deduction when payroll deduction is in effect.)* I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

**I agree to be a member of my union, authorize my union to represent me to the fullest extent of the law, and accept the terms of the agreement above.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **YES, I want to receive important text updates from AFT-Wisconsin. We will not spam or sell your information.**

**COPE DISCLOSURE:** I hereby authorize a monthly contribution to the AFT-Wisconsin COPE in the amount indicated above. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT-Wisconsin COPE. AFT-Wisconsin COPE may engage in joint fundraising efforts with AFT COPE and/or the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT-Wisconsin COPE in writing of the desire to do so. Contribution or gifts to AFT-Wisconsin COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity. **(COPE PAYROLL DEDUCTION**: In the event that payroll deduction goes into effect, I also hereby authorize the School District of Ashland to deduct from my wages the voluntary COPE contribution for AFT-Wisconsin in the amount indicated above.)

I have read and accept the terms of the COPE agreement above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Payment Type (please select 1 of the 2 options below - PRINT CLEARLY):** | | |
| **□ Bank Draft** OPTION #1 | | **□ Credit/Debit Card** OPTION #2 |
| Bank Name: | | Card Type: □ Visa □ MC □ Discover □ American Express |
| Draft Account Type: □ Checking □ Saving | | Name as it appears  on Card: |
| Bank Routing  Number (9 digits): | 🞎🞎🞎🞎🞎🞎🞎🞎🞎 | Card Number: |
| Bank Account Number: | | Expiration Date: |
|  | | 3 Digit Code: 🞎🞎🞎 |