## AFSCME LOCAL 3299 Membership and Service Fee Authorization YES, I want to support efforts to win fair wages, good benefits, and safe working conditions at UC by becoming a member of AFSCME Local 3299. First Name Middle Name Last Name Street Address City Zip Code Mobile Phone Alt. Phone Employee ID Number Job Class Department Campus Personal Email Preferred Language: ☐ English ☐ Cantonese ☐ Mandarin ☐ Spanish ☐ Tagalog ☐ Hindi ☐ Other: Shift: Day Swing Night Rotating l enter into this agreement in return for the privileges of AFSCME membership and the long-term benefit of union representation. I direct UC to deduct membership dues from my monthly pay, and to transfer that money to AFSCME. I can end my membership by following instructions in my union contract (found at www.afscme3299.org), or as otherwise allowed by law. I understand that both union members and nonmembers benefit from representation and should contribute. If I resign or have resigned my union membership and the law no longer requires nonmembers to pay a fair share fee, I nevertheless agree voluntarily to contribute my fair share by paying a service fee in an amount equal to dues. I direct UC to deduct this service fee from my monthly pay and to transfer that money to AFSCME. I understand that this voluntary service fee authorization shalf renew each year on the anniversary of the date I sign below, unless I mail a signed revocation letter to AFSCME Local 3299's central office, postmarked between 75 days and 45 days before such annual renewal date. Signature: FOR UNIVERSITY USE ONLY: ELEMENT NO. BAL CO AMOUNT ☐ I want to learn more about becoming a MAT Leader/Shop Steward. TRANS CODE | EMPLOYEE ID DATE 24 > 30 \*I agree to receive AFSCME automated calls and text alerts (AFSCME will not charge me, but standard carrier message and data rates may apply). MO DY YR Union dues and fees are not tax deductible as charitable contributions, but are deductible as an unreimbursed employee expense. AFSCME LOCAL 3299 ■ AFSCME3299.ORG ■ (510) 844-1160 🚼 FACEBOOK.COM/AFSCME3299 💆 @AFSCMELOCAL3299 AFSCME LOCAL 3299 Authorization for Voluntary Payroll Deduction MAKE THINGS HAPPEN WITH AFSCM NATIONAL PEOPLE COMMITEE First Name Middle Name Last Name Street Address Employee ID Number Mobile Phone Alt. Phone Zip Code

Personal Email ☐ Other: \$\_ (Even Amount) Monthly Deduction: ☐ \$9.50 MVP ☐ 3XL Received 1st Year Premium Jacket Size:  $\Box$ L □ XL □ 2XL □ 4XL I hereby authorize the University of California to deduct each month the amount certified above and to transfer that money to American Federation of State, County and Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O. Box 65334, Washington D.C., 20035-5334, for the purpose of making state and federal political contributions and expenditures in support of working people. In accordance with federal law, AFSCME PEOPLE accepts contributions only from AFSCME members, AFSCME executive or administrative personnel, and their families. My contribution is voluntary and is separate from union dues, and I understand that it is not a condition of membership. I understand that no favor or disadvantage will result from contributing or refusing to do so, and that any contribution guidelines are suggestions only. This authorization

Title at UC

| Signature:   | Date Signed:  |  |  |
|--|---|--|--|
| ☐ I want to learn more about becoming a M                | MAT Leader/Shop Steward.  |  |  |
| *I agree to receive AFSCME automated calls and text aler | ts (AFSCME will not charge me, but standard carrier message and |  |  |

Contributions or gifts to AFSCME PEOPLE are not tax deductible as charitable contributions.

Department

shall remain in effect until revoked in writing by me.

Campus

| FOR UNIVERSITY USE ONLY: RETENTION: 1 YEAR AFTER INACTIVE-ACCOUNTING OFFICE |             |               |             |       |             |  |
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Location