

AFSA LOCAL NO. 61

American Federation of School Administrators

Local No. 61-Connecticut Vocational-Technical School Administrators Association

MEMBERSHIP APPLICATION AND PAYROLL DEDUCTION AUTHORIZATION

I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to AFSA LOCAL NO. 61 an amount equal to the regular monthly dues uniformly applicable to members of AFSA LOCAL NO. 61. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to both the employer and AFSA LOCAL NO. 61 during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and AFSA LOCAL NO. 61, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in AFSA LOCAL NO. 61

Name: Employee No.

Residence:
Street No. City State Zip

Phone: E-Mail:

I am employed at:
School Name

Signature: Date of Authorization

Please return to Nelson Rivera, SECRETARY AFSA LOCAL NO. 61