



Authorization For Representation

I stand in solidarity with my coworkers to organize and have a strong voice in the decisions that affect our employment and communities. Therefore, I authorize Oregon AFSCME Council 75 to represent me as my exclusive representative in matters pertaining to wages, hours, and other terms and conditions of my employment, and to bargain on my behalf over such matters. This card may be used to establish or obtain recognition of the union with my employer, with or without an election.

_____	_____	_____
Last Name	First Name	MI

Street Address		

_____	_____	_____
City	State	Zip

_____	_____	
Cell Phone*	Home Email	

Signature	Date

Name of Employer	Title

Program	

*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences by emailing getsmart@oregonafscme.org or calling the Union at 844-758-6466.



Oregon AFSCME Council 75, AFL-CIO

Yes! I am AFSCME Strong. I want a strong voice at work and in my community.

AFSCME Membership and Dues Authorization

I hereby apply for membership in Oregon AFSCME Council 75 (hereafter "Oregon AFSCME Council 75" or the "Union") and I agree to abide by its Constitution and Bylaws. By this application, I authorize Oregon AFSCME Council 75 and its successor or assignee to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my Employer.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union, the amount of dues certified by Oregon AFSCME Council 75, and as they may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to Oregon AFSCME Council 75. This voluntary authorization and assignment is revocable by providing the Union and my Employer written notice of revocation not less than ten (10) days and not more than twenty (20) days before the yearly anniversary of the signing of this membership card. This card supersedes any prior check-off authorization card I signed.

I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment. Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, state law may extend favored tax treatment.

_____	_____	_____
Last Name	First Name	MI

Street Address		

_____	_____	_____
City	State	Zip

Date of Hire		

Cell Phone*		

Home Email		

Signature	Date

Name of Employer	EIN

Program	

Title	

Office Use Only	
Date Received _____	Start Date _____
circle (Y or N)	
Probationary _____	Chapter _____
Probation End Date _____	Received By _____

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