

VOLUNTARY PEOPLE PAYROLL DEDUCTION AUTHORIZATION
Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO
P.O. Box 2930, Honolulu, HI 96802-2930

Name _____
(Please print) Last First Middle

Effective Pay Period _____

Mailing Address _____

City & Zip _____

Social Security No. (last four digits) _____

Business Phone _____ Home Phone _____

Bargaining Unit _____ Employer _____ Occupation _____

I hereby authorize a monthly contribution of:

____ \$8.40 monthly (MVP Membership)

____ \$ _____ per month

If contribution is \$8.40 or greater per month::

circle jacket size: XS S M L 1X 2X 3X 4X 5X

____ I do not want a jacket nor any other premiums sent to me.

I hereby authorize my employer and associated agencies to deduct each pay period the amount certified in the box provided as a voluntary contribution to be paid to the treasurer of American Federation of State, County & Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O. Box 65334, Washington, D.C. 20035-5334, to be used for the purpose of making political contributions and expenditures. My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke this authorization at any time by giving written notice.

In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Signed _____

Date _____