



Professional Managers and Supervisors Association
Dues Deduction Authorization

I hereby apply for membership in the Professional Managers and Supervisor Association, FPD, NUHHCE, AFSCME, AFL-CIO (hereafter "Union") and I agree to abide by its Constitution and Bylaws. By this application, I authorize the Union, and its successors or assigns, to act as my exclusive bargaining representative for purposes of collective bargaining and 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, regardless of whether I am in or remain a member of the Union, dues in an amount equal to two (2) hours of straight time pay per month, and as may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to the Union.

This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of on year from the date of execution, and from year to year thereafter, unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than twenty (20) days before the end of any yearly period; provided, however, if the applicable collective bargaining agreement specifies a longer annual revocation period, then only that longer period shall apply. The applicable collective bargaining agreement is available for review upon request. This card supersedes any prior checkoff authorization from one year to the next, is voluntary and may not be a condition of employment.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Personal Email: _____

Employer: _____

Department: _____ Job Title: _____

Work Address: _____

Cell Phone: _____ Home Phone: _____

Check for Permission to Text Print Name: _____

Signature: _____ Effective Date: _____

PRINT, SIGN, DATE, SCAN & RETURN TO: fpd.unionfpd.org OR your local Union leader