

PROFESSIONAL MANAGERS AND SUPERVISORS ASSOCIATION (Certified Unit #1073)

Federation of Physicians and Dentists (FPD/PMSA/PEU)

DUES AUTHORIZATION FORM FOR CITY OF WEST PALM BEACH EMPLOYEES

Professional Managers & Supervisors Assoc. No. 1073, Inc.

Mail to: P.O. Box 1338, West Palm Beach, FL 33	402 Mail To:	P O Box 641462, Beverly Hills, FL 34465
Phone: 352.663.4133	Phone:	386.588.3321
Email: PMSA_Unit1073@yahoo.com	Email:	hsantana@nuhhce.org
NAME:	Department: _	
Job Title:	Employee Number:	Deduction Distribution: <u>As Specified Below</u>
Home Address	City/State	Zip
Home/Cell Number: P	ersonal Email:	Work Location:
Dues Payment: Please select an option below an sign on both lines.	d sign under appropriate secti	ons. If selecting COPE (Political Action) option, please
Full-Time Employees Check Your C	Choice F	Part-Time Employees Check Your Choice
Option 1 – DuesMonthly	Biweekly O _l	otion 3 – DuesMonthlyBiweekly
Option 2 – Dues/COPEMonthly	Biweekly Optio	on 4 – Dues/COPEMonthlyBiweekly
out of this bargaining unit, by termination of my e and claims for said monies so deducted and trans and its agents. My signature hereto is also author Dues paid to PMSA No. 1073 and FPD/PMSA/Pl circumstances, dues may qualify as a business experience.	mployment, or pursuant to Sec mitted in accordance with this a ization for the City to release n EU may not be deducted for ense. Dues distribution to Feder the local Union, PMSA No. 107	of revocation or by my transfer, promotion or demotion tion 447.507, Florida Statutes. I hereby waive any rights authorization and indemnify and hold harmless the City my social security number in reporting dues deductions. federal income tax purposes, however, under limited ration of Physicians and Dentists (FPD/PMSA/PEU) occur 3, Inc., take place twice yearly from the last paycheck of
Signature		Date
Political Action (COPE) contribution. This authorizen engaged in joint fund-raising efforts with the AFL-C in connection with federal, state and local election the City and FPD/PMSA/PEU (COPE). The City is he	ration is signed voluntarily and IO and will use such money cont s. I understand that such deductions reby released, held harmless ar	r per pay period for an FPD/PMSA/PEU Committee on with the understanding the FPD/PMSA/PEU (COPE) is ributed to make political contributions and expenditures ction is revocable upon thirty (30) days written notice to a shall be absolved from any liability resulting from the deductible as charitable contributions for federal income
Signature for Voluntary Political Contribution		Date