

_____/_____/_____
Social Security Number Last: _____ Please Print First: _____ M.I. _____

Home Telephone: _____ Department: _____ E-Mail: _____

Street: _____ Apt: _____ City: _____ State: _____ ZIP: _____

AUTHORIZATION TO WITHHOLD UNION DUES

I hereby authorize the State of New Jersey (campus checked below) to make bi-weekly deductions from my wages, AFT union dues, in such amounts as are uniformly required by the Union of all its members, and to remit all such dues deducted to the appropriate Local of the American Federation of Teachers in accordance with the provisions of the current Agreement between the State of New Jersey, and the Council of New Jersey State College Locals. I understand that this authorization shall remain in effect unless cancelled by me in writing and that such cancellation shall become effective on the first pay period following July 1, in accordance with my current negotiated contract. (Union dues may not be deductible for Federal Income Tax Purposes; however under limited circumstances dues qualify as a business expense.)

- Indicate your employer: KU MSU NJCU RAM RSC
 ROW TCNJ TESC WPUNJ
 Faculty Professional Staff Adjunct Faculty Librarian

Employee Signature: _____ Date: _____ 20 ____



Return to Local AFT Office or the Council of NJ State College Locals, using prepaid envelope.