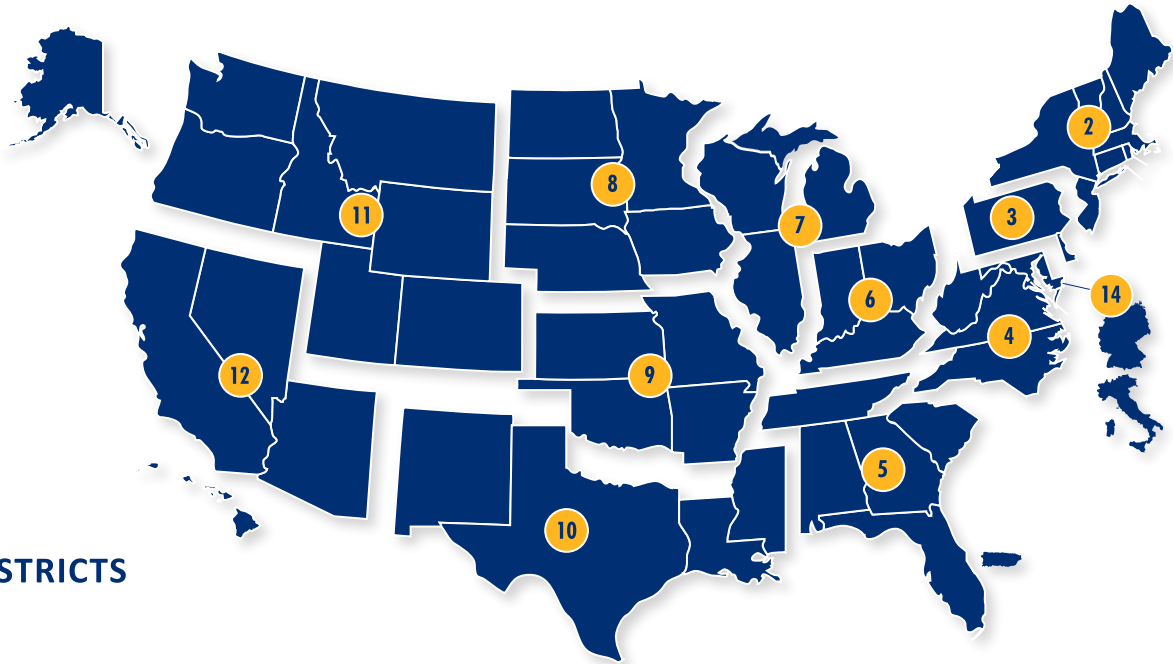




AFGE FACTS



● AFGE DISTRICTS

313,000

Active members

987

Local unions

700,000

Federal & DC government employees in AFGE units



WHAT WE DO: AFGE provides comprehensive services for members including legal, legislative, communications, technical, educational, political, and union- building assistance. Member benefits also offer thousands in potential savings.



ORGANIZATIONAL STRUCTURE: AFGE is headquartered in Washington DC, with 12 regional district offices (pictured above) directed by their own national vice president. There are also dozens of agency-based councils. Collectively they administer support services to AFGE's nearly 1,000 locals.



WHO WE ARE: Food inspectors, nurses, correctional officers, lawyers, police officers, census workers, scientists, doctors, park rangers, border patrol agents, transportation security officers, mechanics, computer programmers, and more.



HIGHEST MEMBERSHIP CONCENTRATION: Department of Veterans Affairs, Social Security Administration, Department of Defense, Department of Justice.

AFGE



REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Section 5525 of title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit;

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK.

Form fields for personal information: 1. Last Name, 2. Home Address, City, State, Zip code, 3. Employee SSN, 4. Date of Birth - MM/DD/YY, 5. Home Phone Number, 6. Personal Cell Phone Number (preferred), 7. Office Phone Number, Extension, 8. Primary Personal Email (Not your government email address) Opt Out Email, 9. Name of Agency. Includes checkboxes for text messages and robocalls.

Section A - Authorization by Employee

I hereby authorize the agency named above to deduct from my pay each pay period, or the first full pay period of each month, the amount certified below as the regular dues of the:

American Federation of Government Employees, Council # (if applicable), Local #

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the below named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay

period following its receipt in the payroll office of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency.

Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee, Date Signed MM/DD/YY, Gender (Optional) F, M, Other

FOR COMPLETION BY AGENCY ONLY - The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES" send this form to payroll. If "NO" return this form to the labor organization.)

Yes No

Name of Labor Organization (Indicate Local)

Section B - For Use by Labor Organization

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL I. D. Code:

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ per biweekly pay period.

Signature and Title of Authorized Official

Date signed MM/DD/YY

REBATE REQUEST FORM *

Fax to

Membership Type Full-time Part-time

New Member section: I hereby certify that I have received a rebate from Local in the amount of Name Signature Date

Recruiter section: I hereby certify that I have received recruiter bonus from Local in the amount of Recruiter Name Signature Date Recruiter SSN Local #

Current Address City State Zip Notes

*IRS Form 1099 or W-2 will be issued based on current income tax laws by the payer.

