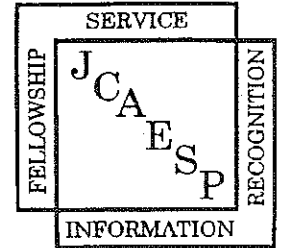


Jefferson County Association of Educational Support Personnel/
American Federation of State, County and Municipal Employees



NAME _____
Last First Middle Initial

SOCIAL SECURITY # _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE # _____

LOCATION _____ LOCATION # _____ PHONE # _____

OCCUPATION _____ HIRE DATE _____
(classification)

I hereby authorize my employer to deduct from my salary such dues payments as established by JCAESP/AFSCME and approved by my employer as to deduction arrangements. Such dues will remain in full force for the length of the contract or until revoked by me in writing within 10 days after the contract is in effect. In accordance with JCBE-JCAESP/AFSCME agreement, I have voluntarily exercised all options to which I am entitled.

Employee's Signature

Date

Building Rep. (if known)



Local 4011
AFSCME Council 62
4315 Preston Hwy., Ste. 101
Louisville, KY 40213
(502) 363-4074
www.jcaesp-atscme.org
(502) 366-5936 fax