

UNITED TEACHERS OF DADE, TIGER-C.O.P.E. AUTHORIZATION

NAME (LAST)		(FIRST)		(MIDDLE INIT.)		PAY CODE		EMPLOYEE NUMBER			
HOME ADDRESS				APT. #	CITY	ZIP		HOME PHONE		E-MAIL ADDRESS	
SCHOOL/WORK SITE ADDRESS			NUMBER	<input type="checkbox"/> Teacher <input type="checkbox"/> Security Monitor		<input type="checkbox"/> Paraprofessional <input type="checkbox"/> Office Personnel		SOCIAL SECURITY #			



I hereby authorize the Miami-Dade County School Board to deduct from my earnings an amount sufficient to provide for regular payment of UTD Tiger-C.O.P.E. This authorization is signed voluntarily and with the understanding that the UTD Tiger-C.O.P.E. is engaged in joint fund-raising efforts with the AFL-CIO and will use such money contributed to make political contributions and expenditures in connection with federal, state and local elections.

I understand that such deduction is revocable upon thirty (30) days written notice to the employer and the UTD Tiger-C.O.P.E. The Miami-Dade County School Board shall be absolved of any liability resulting from the collection of such assessment.

Contributions for Tiger-C.O.P.E. are not deductible as charitable contributions for federal income tax purposes.

X

Signature-Voluntary Political Contribution

Date