

PLEASE PRINT

## UNITED TEACHERS OF DADE, FEA, AFT, NEA, AFL-CIO — DUES AUTHORIZATION

NAME (LAST)			(FIRST)			(MIDDLE INIT.)			PAYCODE		EMPLOYEE NUMBER				
HOME ADDRESS			APT. #		CITY			ZIP		HOME PHONE		E-MAIL ADDRESS			
SCHOOL/WORK SITE NAME			NUMBER								LAST 4 NUMBERS OF SOCIAL SECURITY				

The United Teachers of Dade is hereby designated as my agent to represent me with the Dade County School Board. I also request and authorize the Dade County School Board to deduct from my earnings and transmit to the organization an amount sufficient to provide for regular payment of dues and assessments in the current position as certified from time to time by the organization.

I understand that such deduction is revocable upon thirty (30) days written notice to the employer and UTD provided, however, that such deduction shall be in force so long as the employee organization remains the certified bargaining agent for employees in the unit.

I hereby waive any rights and claims for said monies so deducted and transmitted in accordance with this authorization and indemnify the Board and its agents. Dues paid to UTD may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

**X**

\_\_\_\_\_  
**Signature—UTD Membership**

\_\_\_\_\_  
**Date**

MEMBERSHIP RECRUITMENT STUB—MUST BE COMPLETED FOR ELIGIBILITY FOR U.S. SAVINGS BONDS.

Member Submitting Membership (Please Print) Last			First			M.I.		Employee #		Work Location #	
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