



# TEXAS STATE EMPLOYEES UNION / CWA

1700 South 1<sup>st</sup> Street, Austin, Texas 78704 (512) 448-4225

T.I.N. No. 15102561097-001



SECTION A: AGENCY USE ONLY			
AGENCY NAME	AGENCY#	UNIT#	FIRST ACTIVE DUTY DATE

SECTION B: EMPLOYEE INFORMATION		
SOCIAL SECURITY #	NAME (LAST, FIRST, MI)	
EMPLOYEE ID #	E-MAIL ADDRESS (SUITABLE FOR RECEIVING TSEU CORRESPONDENCE)	
HOME STREET ADDRESS	CITY / STATE / ZIP	
HOME PHONE (      )	WORK PHONE (      )	CELL PHONE (      )
AGENCY / UNIV.	FACILITY / LOCATION	
PROG / DEPT / UNIT	JOB TITLE	WORK HOURS



N     U     RR    ORG: \_\_\_\_\_

SECTION C: MEMBERSHIP AND AUTHORIZATION	
<p>Membership dues and effective date of payroll deduction: the 1<sup>st</sup> day of _____, 20__</p> <p style="text-align: center;">(MONTH)</p> <p> <input type="checkbox"/> \$17.00 salary below \$20,000    <input type="checkbox"/> \$21.00 salary \$20,000-\$25,000    <input type="checkbox"/> \$25.00 salary \$25,000-\$30,000  <input type="checkbox"/> \$28.00 salary \$30,000-\$40,000    <input type="checkbox"/> \$30.00 salary \$40,000-\$50,000    <input type="checkbox"/> \$32.00 salary over \$50,000  <input type="checkbox"/> \$13.00 part time                      <input type="checkbox"/> other - \$ _____ </p> <p><b>AUTHORIZATION:</b> I authorize the monthly deduction from my salary or wages for membership dues to TSEU. I understand that I may revoke this authorization at any time by written notice.</p>	
<p>_____ EMPLOYEE SIGNATURE</p> <p>I agree to comply with the rules adopted by the Comptroller concerning deductions for membership dues.</p>	<p>_____ DATE</p>