



Oregon AFSCME Retiree Chapter 75



I will help protect my pension, Social Security and Medicare by joining Oregon AFSCME Retiree Chapter 75 today!

New Member Renewing Member Spousal Member

First Name _____ Last Name _____

Address _____

Email _____ Cell Phone** _____

Home Phone _____

Spouse/Partner:

First Name _____ Last Name _____

Email _____ Cell Phone** _____

I, the undersigned, hereby join Oregon AFSCME Chapter 75 and designate said chapter as my duly chosen and authorized representative to promote and protect my economic welfare to the extent authorized by law. I hereby authorize the amount certified by the Retiree Chapter as the current dues rate*

\$36 for the Individual **\$72 for Individual and Spouse** *If no box is checked, or both the boxes are checked, the minimum certified amount will be selected.

Individual Signature _____ Date _____

Spouse Signature _____ Date _____

**By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences at: afscme.org/tcpa

Choose a way to pay!

Membership dues may be adjusted from time to time in accordance with the AFSCME International or Chapter constitution, and I will be notified in advance by writing of any such change. If the purpose of such withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors is also authorized. This authorization is effective on the date signed above and will remain in effect until written notice of termination is given to the Chapter.

1

ANNUAL SAVINGS or CHECKING ACCOUNT DEDUCTION

I hereby authorize the AFSCME Retiree Chapter 75 to make withdrawals from the CHECKING or SAVINGS account, identified at my designated Financial Institution, and authorize the Financial Institution to charge such withdrawals to my listed account. Such withdrawals shall be equal to the amount selected above and shall be withdrawn annually on the date signed above. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association.

Name of Financial Institution _____

Routing # _____

Account # _____

Print Name _____

Signature _____ Date _____

2

ANNUAL DEBIT or CREDIT CARD DEDUCTION

I hereby authorize the Chapter to bill my DEBIT/CREDIT CARD listed below in the amount selected above annually on the date signed above.

VISA MasterCard Discover Card AMEX

Name on card _____ Expiration date _____

Card number _____ 3 or 4 digit security code (Back of card) _____

Signature _____ Date _____

3

CHECK

Pay by CHECK

Please make checks payable to *AFSCME Retiree Chapter 75* and return with this form for the amount selected above.

For Internal Use Only:

Date Received _____

Check # _____ Check Date _____

Bank Draft _____ Credit Card _____

**Please return to: Oregon AFSCME Retiree Chapter 75
1400 Tandem Avenue NE, Salem, OR 97301**