

To enroll in the ASC, please complete this form and return in the self-addressed stamped envelope enclosed with this mailing. Thank you for supporting your colleagues in the ASC with this membership. **Be sure to enclose a cancelled/voided check. We need the bank routing number and your account number.**

Name: _____ Job Title: _____

Mailing Address: _____ Zip Code: _____

City: _____ State: _____ Phone: _____

Personal email address: _____ **Approximate Annual Salary** _____

Dues Deduction Authorization:

The following is an authorization statement allowing the ASC to deduct dues from your checking account. **Please submit a cancelled/voided check with this authorization form** so that we have your banking address, routing number, and checking account number.

- A. By my signature below I hereby authorize the Administrators' and Supervisors' Council (ASC) to deduct monies from my account each pay period in an amount equal to my union dues for that pay period as determined by the ASC.
- B. By agreeing to this authorization I understand that (1) my membership in the ASC may be withdrawn at any time upon my written notification to the ASC; (2) membership may be renewed annually each year by the ASC unless notified otherwise by me according to this document; and (3) that my dues are determined by the ASC Board of Directors and subject to appeal to that Board if I disagree with my dues amount. My dues are calculated as 1% of MPS income divided by 24 and withdrawn on each monthly payroll date throughout the year.
- C. In the event that I wish to discontinue my annual membership I must notify the ASC in writing prior to September 1 of any membership year. I understand that the ASC may continue to deduct dues from my account until the end of my contract year. Should I discontinue my membership at any time I understand that the ASC Membership Policy will not allow me to rejoin the ASC until the next open enrollment period (September 1 – 30). Furthermore, once dues collection from my account is discontinued I understand that the ASC has no obligation to represent me or my interests in any matter thereafter.
- D. Any dues amount used for the purpose of political action pursuant to the ASC PAC Fund is subject to refund to me upon written request. The ASC shall notify me in the event that my dues money is used for such purpose and allow me the opportunity to request a refund of that amount.

Signature: _____ Printed Name: _____ Date: _____

(Sign and mail to the ASC Office with your cancelled voided check)