



AFSCME / *Connecticut*

**LOCAL 749 JUDICIAL EMPLOYEES
AMERICAN FEDERATION OF STATE, COUNTY
AND MUNICIPAL EMPLOYEES, AFL-CIO**

APPLICATION FOR MEMBERSHIP AND PAYROLL DEDUCTION

NAME (please print) (last) (first) (middle) Agency or Dept.

JOB TITLE WORK LOCATION

Social Security No. Employee No. Work Phone

I hereby authorize you to deduct from my earnings each payroll period a sufficient amount to provide for the regular payment of dues as certified by the union. The amount deducted shall be paid to the treasurer of Local 749 Judicial Employees of the American Federation of State, County and Municipal Employees. This authorization shall remain in effect in accordance with the working agreement.

Employee's Signature (Do Not Print)

Date Signed

Home Address (Print)

Home Phone No.

City and State (Print)

Zip Code

