

Yes, I want to join my Association, to be sure my concerns are heard, Just complete this form, sign it, place it in an envelope and address it to: Sandy DiTrapani, AAP, 16 Court Street, 4th floor, Brooklyn, New York 11241. It will be one of the best things you've done for yourself in a while.

TF

FOR USE BY CSA
Please print or type

DR.
MR.
MRS. Last Name _____ First Name _____ Middle Initial _____
MISS
MS.
Home Address _____ Home Phone () _____
Boro or City _____ State _____ Zip _____
School or Bureau _____ Work Phone () _____
Work Address _____ Boro _____ Zip _____
Position Which Currently Serving _____ I.A. _____ Appoint. _____
Date of Current Assignment _____ Date of Birth _____
File # _____ Social Security # _____ Pension # _____
Salary _____

COUNCIL OF SUPERVISORS AND ADMINISTRATORS
AUTHORIZATION FOR DEDUCTION OF DUES

File # (1-6) _____
1st Initial (7) ____
2nd Initial (8) ____
Last Name (9-23) _____
Soc. Sec. # (24-32) _____
Source (33) T
(55) ORGANIZATION TF
Control (62) C

Subject to the terms and conditions set forth in the Resolution entered by the Board of Estimate on January 12, 1956 (Calendar No. 127), and in all resolutions amendatory or instrumental thereto now in existence or hereafter adopted, to which terms and conditions I consent, and agree hereby authorize the City of New York to deduct in each regular payroll from my salary or wages the sum of \$ _____ bi monthly and to pay over said sum to the EMPLOYEE ORGANIZATION CHECKOFF COMMITTEE described in such resolutions in payment of my dues in the above captioned employee organization, through said committee, pay to the City of New York all costs and expenses Determined by the City of New York as incurred by the City in connection with carrying out the plan authorized by said resolution or resolutions. There shall be no change in the amount of the dues deduction without prior due notice to the undersigned member.

Signature Date