Baltimore County Federation of Public Employees Membership Card (must be returned within 30 days) PRIMARY PHONE CONTACT # NAME **HOME ADDRESS** POLITICAL CONTRIBUTION \$1. (SIGN BELOW) EMAIL BCFPE DUES \$ **WORK PHONE #** DEPARTMENT SS# (LAST 4 DIGITS ONLY) FILL IN TOTAL BI-WEEKLY \$ -LOCATION JOB TITLE BCFPE Membership: Please consider this your authority to deduct from my bi-weekly salary or wages an amount certified by the union as my regular current dues in accordance with the Constitution and By-Laws of the Baltimore County Federation of Public Employees. The amount deducted shall be paid to the Baltimore County Federation of Public Employees, AFT Maryland, AFT, AFL-CIO. This authorization shall remain in effect unless terminated by me with proper written notice in accordance with the current memorandum of understanding, the Baltimore County Code, or by my termination of employment. Dues paid to BCFPE may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense. COPE Voluntary Contribution: Please consider this your authority to deduct the above COPE Voluntary Contribution: Please consider this your authority to deduct me above amount, if any, from my salary or wages biweekly and forward that amount to BCFPE COPE. This authorization is signed freely and voluntarily and not out of fear of reprisal and on the understanding that BCFPE COPE is engaged in joint fund-raising efforts with the AFT, AFL-CIO and will use the money contributed to that effort to make political contributions and expenditures in connection with federal, state, and local elections. This contributions and expenditures in connection with secreta, state, and local exections. Inits authorization shall remain in effect unless terminated by me with proper written notice in accordance with the current memorandum of understanding, the Baltimore County Code, or by my termination of employment. I understand that contributions and gifts to BCFPE COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity. DATE POLITICAL CONTRIBUTION SIGNATURE DATE MEMBERSHIP SIGNATURE



INSTRUCTIONS

Our Memorandum of Understanding requires that you return this card within 30 days. Place it in an envelope, and return it to BCFPE by one of these methods:

1. U.S. Mail (postage required)

BCFPE

1801 Glen Keith Blvd. Suite 100

Towson, Md. 21286

- Interoffice mail to Mailstop 54
- 3. Drop at office (address above), or
- 4. Call us at (410) 296-1875, and we'll pick it up.

THANK YOU