

NCSEAPWA MEMBERSHIP / PAYROLL AUTHORIZATION

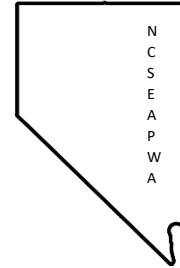
First Name _____ Last Name _____ Chapter _____

Mailing Address _____ City _____ Zip _____

Job Title _____ Worksite _____ Months Per Year _____ Hours Per Day _____

Probation End Date _____ Sponsor _____

Signature _____ Date _____



I authorize my employer to deduct from my pay the amount of dues or any changes in the amount certified by NCSEAPWA and to submit that amount to the Local Chapter. This authorization shall be in effect the pay period following receipt in the payroll department of my employer. This authorization shall remain in effect until I have filed proper notification of revoking this authorization to the NCSEAPWA and my employer. I acknowledge by signing this form that I become a member of the NCSEAPWA. I agree to abide by the bylaws and constitution of the NCSEAPWA.