

PRINT CLEARLY OR TYPE

1.

LAST NAME	FIRST	INITIAL	MEMBER NUMBER
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2.

3.

**AFT LOCAL #2334**



Professional Staff Congress/CUNY COPE  
61 Broadway, 15th Floor  
New York, New York 10006

4.

<input type="text"/>	<input type="text"/>	<input type="text"/>
COLLEGE	RANK	DEPT.

**AUTHORIZATION FOR VOLUNTARY DEDUCTION**

5. HOME ADDRESS

STREET & NO.	APT. NO.	CITY	STATE	ZIP CODE
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6. Effective no earlier than \_\_\_\_\_ I hereby authorize regular payroll deductions from my earnings in the amount specified hereon as a voluntary contribution to be paid to the Treasurer of the Professional Staff Congress/CUNY COPE, to be used in accordance with applicable law for the purpose of making political contributions in connection with Federal elections. My contribution is voluntary, and I understand that it is not required as a condition of employment, and that I may revoke this authorization at any time by giving written notice to Treasurer of the Professional Staff Congress/CUNY COPE and/or my payroll office, and such revocation being effective when accepted into the employer's payroll system. This authorization supersedes all previous authorizations.

A copy of the Professional Staff Congress/CUNY COPE report is filed with the Federal Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

7.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE

INSTRUCTIONS FOR COMPLETING  
PROFESSIONAL STAFF CONGRESS/CUNY COPE CHECKOFF CARD

- 1.) PRINT LAST AND FIRST NAME
- 2.) MEMBER NUMBER
- 3.) STATE AMOUNT YOU WANT DEDUCTED FROM EACH PAY CHECK FOR PSC/CUNY COPE
- 4.) YOUR COLLEGE RANK AND DEPARTMENT
- 5.) YOUR HOME ADDRESS
- 6.) EFFECTIVE DATE (DATE YOU WANT CHECKOFF TO BEGIN)
- 7.) SIGN YOUR FULL NAME, AND DATE SIGNED

IN ACCORDANCE WITH FEDERAL LAW, THE PROFESSIONAL STAFF CONGRESS/CUNY COPE WILL ACCEPT CONTRIBUTIONS ONLY FROM MEMBERS OF THE PROFESSIONAL STAFF CONGRESS. CONTRIBUTIONS TO PSC/CUNY COPE ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES.

