

A.O.C.E.

PROFESSIONALISM ♦ PEOPLE ♦ PERSISTENCE ♦ PROTECTION

Payroll Deduction Authorization

I hereby request and authorize a monthly deduction from my earnings, an amount sufficient to provide for the regular payment of monthly dues, as established and Certified by the Association of Oregon Corrections Employees (AOCE). The amount Deducted (1.25% of base pay) shall be remitted to the AOCE monthly. This authorization shall remain in effect during my employment by the entity to which it is directed, unless revoked by me in writing.

NAME: (print) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

CLASSIFICATION: _____ WORK PLACE: _____

I understand that by not filling out this application, I will remain a fare-share member. As a fare-share member, I will have the same representation, but will not have a vote in elections and or day to day operation of the AOCE.

DATE: _____ SIGNATURE: _____

Please send to:
AOCE Secretary/Treasurer
P.O. Box 13357
Salem OR 97309