



TEXAS STATE EMPLOYEES UNION / CWA

1700 South 1st Street, Austin, Texas 78704 (512) 448-4225

T.I.N. No. 15102561097-001



SECTION A: AGENCY USE ONLY

AGENCY NAME	AGENCY#	UNIT#	FIRST ACTIVE DUTY DATE

SECTION B: EMPLOYEE INFORMATION

SOCIAL SECURITY #	NAME (LAST, FIRST, MI)		
EMPLOYEE ID #	E-MAIL ADDRESS (SUITABLE FOR RECEIVING TSEU CORRESPONDENCE)		
HOME STREET ADDRESS		CITY / STATE / ZIP	
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	
AGENCY / UNIV.	FACILITY / LOCATION		
PROG / DEPT / UNIT	JOB TITLE	WORK HOURS	



N U RR ORG: _____

SECTION C: MEMBERSHIP AND AUTHORIZATION

Membership dues and effective date of payroll deduction: the 1st day of _____, 2010
(MONTH)

- \$16 - salary below \$20,000
 \$19 - salary \$20,000 - \$25,000
 \$22 - salary \$25,000 - \$30,000
 \$25 - salary over \$30,000
 OTHER \$ _____

AUTHORIZATION: I authorize the monthly deduction from my salary or wages for membership dues to TSEU. I understand that I may revoke this authorization at any time by written notice.

EMPLOYEE SIGNATURE

DATE

I agree to comply with the rules adopted by the Comptroller concerning deductions for membership dues.