Join Alaska AFSCME Retiree Chapter 52 Today to Help Protect Your Retirement

(Circle all that apply) **New Member** **Renewing Member** **Spousal Member**

Enclosed is a check for **$30 for the Individual OR $60 for the Individual and Spouse**

If no checkbox is circled, or both boxes are circled, the minimum certified amount will be selected

I, the undersigned, hereby join Alaska AFSCME Retiree Chapter 52 and designate said chapter as my duly chosen authorized representative to promote and protect my economic welfare to the extent authorized by law. I hereby authorize the amount certified by the Retiree Chapter as the current dues rate.

Signature_____	Date_____
	Email _____
	Cell Phone*_____
	Spouse/Partner:
	First Name _____
	Last Name _____
	Email _____
	Cell Phone*_____

*By providing your cell phone number you consent to receive calls (including recorded or auto dialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences at: **afscme.org/tcp**

Fill out the lower section to pay by credit card, checking or savings account deduction.

ANNUAL SAVINGS OR CHECKING ACCOUNT DEDUCTION

I hereby authorize AFSCME Chapter 52 to make withdrawals from the CHECKING or SAVINGS account, identified below at my designated Financial Institution, hereinafter referred to as FI and authorizes the FI to charge such withdrawals to my listed account. Such withdrawals shall be equal to the amount selected above and shall be withdrawn annually on the date signed above. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association.

Name of Financial Institution_____

Routing # _____

Account # _____

Print Name _____

Signature _____ Date _____

ANNUAL DEBIT or CREDIT CARD DEDUCTION

I hereby authorize the Chapter to bill my DEBIT or CREDIT CARD listed below in the amount selected above annually on the date signed above.

VISA **MasterCard** **Discover Card** **AMEX** Name on card _____

Card number _____ Expiration date _____ 3 or 4 digit security code (back of card) _____

Signature _____ Date _____

MAIL TO:
ALASKA AFSCME RETIREE CHAPTER 52
PO BOX 1901942 Anchorage, AK 99519
(907) 301-4685