



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 | APT# | CITY / STATE / ZIP | |
| HOME PHONE () | WORK PHONE () | CELL PHONE () | |
| AGENCY / UNIV. | FACILITY / LOCATION | | |
| PROG / DEPT / UNIT | JOB TITLE | WORK HOURS | |



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ORG: _____

SECTION C: MEMBERSHIP AND AUTHORIZATION

Membership dues and effective date of payroll deduction: the 1st day of _____, 2014
(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.