



VOLUNTARY WTU-COPE DEDUCTION AUTHORIZATION FORM

NAME _____
Last First Middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Registered Voter: Yes No D.C. _____ MD _____ VA _____
Ward County/Cong. District County/Cong. District

HOME TELEPHONE _____ PERSONAL E-MAIL _____

CELL PHONE _____ FAX _____

SCHOOL _____ POSITION _____

EMPLOYMENT INFORMATION (As stated on Employee Earning Statement)

D.C. PUBLIC SCHOOLS EMPLOYEE IDENTIFICATION NUMBER

COLLECTIVE BARGAINING UNIT CODE (Please check one): ET-15 / MAA EG-09 / MAB

DEDUCTION PER PAY PERIOD _____ \$10.00 _____ \$5.00 _____ \$3.00 _____ Other Amount

Contributions or gifts to WTU-COPE are not deductible as charitable contributions for federal income tax purposes.

AUTHORIZATION

I hereby authorize the Government of the District of Columbia to deduct each pay period the amount certified above as a voluntary contribution to be paid to the Washington Teachers' Union-COPE and to be used in accordance with the By-Laws of WTU-COPE. I understand that the purpose of the WTU-COPE is for political education and for making political contributions; and that WTU-COPE may engage in joint fundraising efforts with AFT-COPE and AFL-CIO. This authorization is signed freely and voluntarily and not out of any fear or reprisal, and I will not be favored nor disadvantaged because I exercise this right. My contribution is voluntary and is not required as a condition of membership. Contributions cannot be reimbursed or otherwise paid by any other person or entity. I may revoke this authorization at any time by giving written notice to the WTU-COPE and the Pay and Retirement Division of the Department of Finance and Revenue.

Signature _____ Date: _____