



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 _____, 20__ (MONTH)	
<input type="checkbox"/> \$16 - salary below \$20,000 <input type="checkbox"/> \$19 - salary \$20,000 - \$25,000 <input type="checkbox"/> \$22 - salary \$25,000 - \$30,000 <input type="checkbox"/> \$25 - salary over \$30,000 <input type="checkbox"/> 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.	