



TEXAS STATE EMPLOYEES UNION / CWA

627 Radam Lane, Austin, Texas 78745 (512) 448-4225

T.I.N. No. 15102561097-001



SECTION A: AGENCY USE ONLY

AGENCY NAME	AGENCY#	UNIT#	FIRST ACTIVE DUTY DATE
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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☐ UPG☐ RR

ORG: _____

SECTION C: MEMBERSHIP AND AUTHORIZATION

Membership dues and effective date of payroll deduction: the 1st day of _____, 20____
(MONTH)

☐ \$17.00 salary below \$20,000 ☐ \$21.00 salary \$20,000-\$25,000 ☐ \$25.00 salary \$25,000-\$30,000

☐ \$28.00 salary \$30,000-\$40,000 ☐ \$30.00 salary \$40,000-\$50,000 ☐ \$32.00 salary over \$50,000

☐ \$13.00 part time ☐ 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.