



# 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

## 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 1<sup>st</sup> 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 understand that I cannot be compelled to be a member of a state employee organization or to pay dues to a state employee organization as a condition of employment with the state. While I am free to join a state employee organization, I understand that I may change or cancel this authorization at any time by providing written notice to my employer. I voluntarily authorize a monthly payroll deduction in the amount shown above from my salary or wages for membership fees to the state employee organization listed above and agree to comply with the comptroller's rules concerning this deduction. I agree that my name, social security number, personal contact information, and the amount of my payroll deduction for membership fees may be provided to the state employee organization listed above only for the purpose of informing the state employee organization about the payroll deduction.

SIGNATURE \_\_\_\_\_

I agree to comply with the rules adopted by the Comptroller concerning deductions for dues and will submit this application to HR to establish the deduction and provide a copy to TSEU.

DATE \_\_\_\_\_