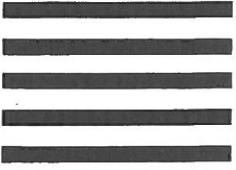




AFT-KANSAS
PO Box 618
Mission, KS 66202

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 3026 TOPEKA, KS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



AFT-KANSAS
AFT STATE FEDERATION 8039

PO Box 618 • Mission, KS 66612 • Phone 785-235-0262 / 800-232-5373 • On the Web at: <http://ks.aft.org>

Authorization For Payroll Deduction (Please Print or Type)

Employee I.D. _____

Employer: _____

Worksite: _____

Job title: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Text Opt-In Yes No
(message and data rates may apply)

Last Name First M.I.

Street Address

City State Zip Code

Non-Work E-Mail Address

Work E-Mail Address

Recruited By

Authorization:

I the undersigned, an employee of the above-listed employer, hereby authorize my employer to make regular payroll deductions from my earnings for the amount certified by AFT-Kansas for membership dues. This authorization will remain in effect for not less than 180 days. Thereafter notification to drop membership shall be made in writing and mailed to the union.

Date _____ Employee Signature _____

Return by Mail to AFT-Kansas at the address listed on top of this card.