K Martin

KANSAS ASSOCIATION OF PUBLIC EMPLOYEES
AFT STATE FEDERATION 8039

1300 SW Topeka Blvd., Topeka, Kansas 66612 - Phone 785-235-0262 / 800-232-5273 On the Web at: kape.aft.org

Authorization For Payroll Deduction (Please Print or Type)

Employee I.D. / Social Security #_____

Employer:_____

Worksite:_____
Location/Department City

Home Phone_____

Work Phone:_____

Cell Phone_____

Job Title_____

_____
Last Name First M.I.

_____
Street Address

_____
City State Zip Code

_____
Personal 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 earning for the amount certified by the KANSAS ASSOCIATION OF PUBLIC EMPLOYEES (KAPE) for membership dues. This authorization will remain in effect for not less than 365 days. Thereafter notification to drop membership shall be made in writing by certified mail to the union and to the employer.

Date_____ Employee Signature_____

Return by Mail to KAPE at the address listed at the top of this card