



# New Jersey AFSCME Retiree Chapter 63

I will help protect my pension, Social Security and Medicare by joining the New Jersey AFSCME Retiree Chapter 63 today!

New Member     Renewing Member     Spousal Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone\*\* \_\_\_\_\_

Home Phone \_\_\_\_\_

**Spouse/Partner:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone\*\* \_\_\_\_\_

I, the undersigned, hereby join New Jersey AFSCME Chapter 63 and designate said chapter as my duly chosen and authorized representative to promote and protect my economic welfare to the extent authorized by law. I hereby authorize the amount certified by the Retiree Chapter as the current dues rate\*

\$24 for the individual     \$48 for Individual and Spouse    \*If no box is checked, or both the boxes are checked, the minimum certified amount will be selected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences at: [afscme.org/tcpa](http://afscme.org/tcpa)

### Choose a way to pay!

Membership dues may be adjusted from time to time in accordance with the AFSCME International or Chapter constitution, and I will be notified in advance by writing of any such change. If the purpose of such withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors is also authorized. This authorization is effective on the date signed above and will remain in effect until written notice of termination is given to the Chapter.

## 1 ANNUAL SAVINGS or CHECKING ACCOUNT DEDUCTION

I hereby authorize the AFSCME Retiree Chapter 63 to make withdrawals from the CHECKING or SAVINGS account, identified at my designated Financial Institution, and authorize the Financial Institution to charge such withdrawals to my listed account. Such withdrawals shall be equal to the amount selected above and shall be withdrawn annually on the date signed above. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association.

Name of Financial Institution \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2 ANNUAL DEBIT or CREDIT CARD DEDUCTION

I hereby authorize the Chapter to bill my DEBIT/CREDIT CARD listed below in the amount selected above annually on the date signed above.

VISA     MasterCard     Discover Card     AMEX

Name on card \_\_\_\_\_ Expiration date \_\_\_\_\_

Card number \_\_\_\_\_ 3 or 4 digit security code (Back of card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3 CHECK

### Pay by CHECK

Please make checks payable to *AFSCME Retiree Chapter 63* and return with this form for the amount selected above.

### For Internal Use Only:

Date Received \_\_\_\_\_

Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Bank Draft \_\_\_\_\_ Credit Card \_\_\_\_\_

Please return to: *New Jersey AFSCME Retiree Chapter 63*  
2653 Whitehorse Hamilton Square Rd, Suite A, Hamilton, NJ 08690