



# District of Columbia Retiree Chapter 20



**Yes, please RSVP me for the District of Columbia AFSCME Retiree Chapter 20 Founding Convention on June 26!**

(Check all that apply) ☐ New Member ☐ Renewing Member ☐ Spousal Member

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

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone\* \_\_\_\_\_ Home Phone \_\_\_\_\_

## Spouse/Partner:

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

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

\*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: Dues are \$40 per year for the individual, \$80 per year for the individual and spouse.**

**1**

## ☐ ANNUAL SAVINGS or CHECKING ACCOUNT DEDUCTION

I hereby authorize AFSCME Retiree Chapter 20 to make withdrawals from the CHECKING or SAVINGS account, identified below at

\_\_\_\_\_ Financial Institution, hereinafter referred to as FI and authorize the FI to charge such withdrawals to my listed account. Such withdrawals shall be equal to \$\_\_\_\_\_ and shall be withdrawn annually.

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 are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. This authorization is effective \_\_\_\_\_, and will remain in effect until written notification is given to the Chapter.

☐ For the individual ☐ For individual and spouse

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

☐ VISA ☐ MasterCard ☐ Discover Card ☐ AMEX

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 of \$\_\_\_\_\_ one time yearly on the designated effective date.

☐ 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

(Check one) ☐ \$40 for the Individual ☐ \$80 for Individual and Spouse

Please make checks payable to **AFSCME Retiree Chapter 20** and return with this form.

### For Internal Use Only:

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

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

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

**Please return to: District of Columbia AFSCME Retiree Chapter 20  
1625 L Street NW, Washington, DC 20036**