



**Fairfax Workers Coalition Authorization for Deduction of Dues
Active County Employees**

The Fairfax Workers' Coalition (FWC) is an independent voice for all Fairfax County employees, not affiliated or controlled by any outside organization. Its purpose is to give Fairfax County workers a true voice in a group that is transparent, open to all, truly run by its members and democratic in every aspect of its operations. All financial statements will be open and decisions will be made by the membership. We need an independent voice that truly represents the needs of Fairfax employees.

Please join us today in this effort to bring democracy back to Fairfax County workers' representation.

I, the undersigned, hereby apply for membership in the Fairfax Workers' Coalition (FWC) as my duly authorized representative on matters relating to my workplace issues, pay, benefits, retirement and health care. Please consider this your authority to abide by the Constitution and By Laws of FWC.

I hereby authorize my employer, the Fairfax County government, to deduct from my earnings the current dues of \$10 per pay period, only subject to change by an open membership vote in accordance with FWC's Constitution and By Laws.

NAME OF EMPLOYEE <i>Last Name, First Name, Middle (Print Legibly)</i>		COUNTY AGENCY & FOCUS I.D. # or last 4 of SSN	
MAILING ADDRESS		CITY	STATE
			ZIP
HOME PHONE NO.	MOBILE PHONE NO.	EMAIL ADDRESS (non-County)	
()	()		
SIGNATURE OF EMPLOYEE		DATE	PRINTED NAME

**WELCOME TO YOUR INDEPENDENT VOICE FOR
FAIRFAX COUNTY WORKERS!**

FOR USE BY FFXWC OFFICIAL

I hereby certify that the regular dues of this organization for the above named member are currently established at \$10.00 biweekly.

SIGNATURE AND TITLE OF AUTHORIZED UNION OFFICIAL	DATE

Please return your membership form via email to fairfaxworkerscoalition@outlook.com or
take photo of form and text to 703-401-3131

Name of referring member (if applicable)