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Fairfax Workers Coalition Authorization for Deduction of Dues Active County Employees

I, the undersigned, hereby apply for membership in the Fairfax Workers' Coalition. Members are advised that no funds are being transmitted to the exclusive bargaining agent for their bargaining unit. 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: _____ Agency/Focus ID (last 4 of SS#): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (mobile): _____

Email Address: _____

Signature: _____ Date: _____

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	DATE

Please scan and email to fairfaxworkerscoalition@outlook.com or take picture and send to 703-401-3131