

**UNION MEMBERSHIP FORM**

**FARMINGTON SCHOOL CUSTODIANS  
AFT Local #6212, AFT-NH, AFL-CIO**

**AUTHORIZATION FOR PAYROLL DEDUCTION**

**NAME:** \_\_\_\_\_

**I hereby request and authorize you to deduct union dues in equal gross payroll installments in an amount established by the Farmington School Custodians, AFT Local #6212, AFT-NH, AFL-CIO. The amount shall be paid to the Treasurer of the Farmington School Custodians, AFT Local #6212, AFT-NH, AFL-CIO and represents payment for my union dues.**

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_