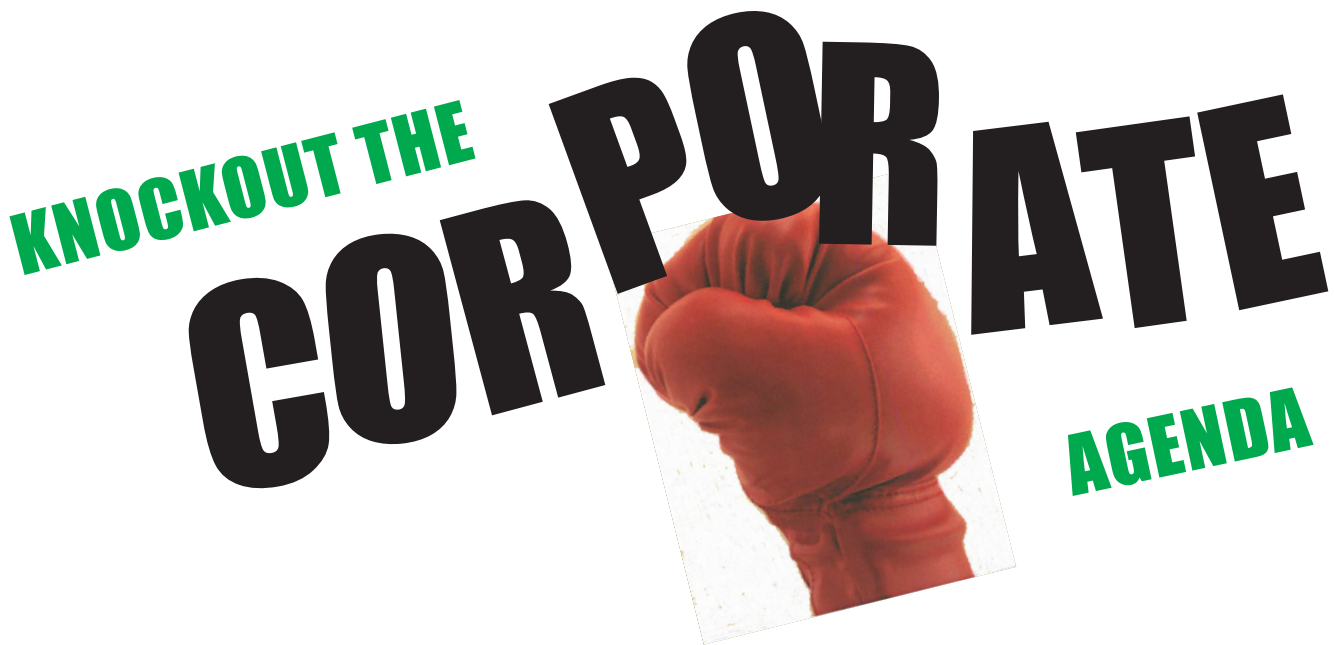


ARE YOU A PEOPLE MEMBER?

As CSEA Delegates, you are CSEA's leaders.

Show your leadership today by joining the PEOPLE program. Don't let corporations determine your future.



JOIN PEOPLE!

PEOPLE stands for Public Employees Organized for Political and Legislative Equality. It is the union's non-partisan legislative and political action fundraising committee that is 100% dependent on voluntary contributions from members and their families.

** Please review your collective bargaining agreement to determine whether you have payroll deduction for the PEOPLE Program.*



**It's your job...It's your pension...It's your future...
Isn't it worth 27 cents a day?**

JOIN PEOPLE and have a voice against corporations that want to take away the benefits that we have worked so hard to achieve.



Payroll Deduction Application

Name _____
Last First Middle
Address _____ Apt. # / Floor _____
City _____ State _____ ZIP _____
CSEA ID No. _____
Work Phone () _____ Home Phone () _____
Job Title _____
Employer _____
Region _____ Local _____ Unit _____ Pay Periods _____
E-mail address _____

Total amount deducted per year in equal installments:
 \$500 \$250 \$100 MVP \$ _____ Other

In addition to my Civil Service Employees Association, Inc. dues deduction previously authorized by me, I further authorize the State of New York or associated agencies to deduct annually the PEOPLE deduction amount checked and remit to the Civil Service Employees Association, Inc. as a voluntary contribution to be forwarded to the Treasurer of the PEOPLE Qualified Committee, AFSCME, P.O. Box 65334, Washington, D.C. 20035-5334, to be used for the purpose of making political contributions and expenditures. My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke this authorization at any time by giving written notice.

SIGNATURE DATE

circle size: X-Small / S / M / L / XL / 2XL / 3XL / 4XL
 Jacket Received

Recruiter: _____

NOTE: In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Direct Contribution Application

Name _____
Last First Middle
Address _____ Apt. # / Floor _____
City _____ State _____ ZIP _____
CSEA ID No. _____
Work Phone () _____ Home Phone () _____
E-mail address _____
Region _____ Local _____ Recruiter _____

- Enclosed is my personal check or money order made payable to PEOPLE in the amount of:
 \$500 \$250 \$100 MVP \$ _____ Other
or
 Credit Card Contribution (I hereby authorize AFSCME PEOPLE to bill my credit card account listed below in the amount of \$ _____ monthly or a one-time yearly contribution of \$ _____. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

Name on Card _____
Expiration Date _____
 VISA MASTERCARD DISCOVER CARD

Card Number _____
3 or 4 digit security code (back of card) _____

SIGNATURE DATE

circle size: X-Small / S / M / L / XL / 2XL / 3XL / 4XL
 Jacket Received

NOTE: In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Electronic Funds Transfer Application for PEOPLE Contributions

I hereby authorize the PEOPLE Qualified Committee (herein referred to as PEOPLE) to make withdrawals from the 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 payable monthly. If the purpose for 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 will remain in effect until written notice of termination is given to PEOPLE.

My authorization of these withdrawals is given voluntarily and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and that I will suffer no reprisal if I choose not to authorize withdrawals for the benefit of PEOPLE.

Signature _____ Date _____

Print Name _____ Last 4 digits of SS# _____

CSEA Region _____ CSEA Local _____ CSEA Unit _____ Phone No. () _____

Email address: _____

Name of Financial Institution _____

FI Routing & Transit Number _____

Account to Debit _____ Type of Account: Checking Savings

NOTE: In accordance with federal law, the PEOPLE committee will accept contributions only from members of AFSCME, executive or administrative personnel and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Recruiter: _____

Circle Jacket size: X-Small / S / M / L / XL / 2XL / 3XL / 4XL

MVP PEOPLE members (\$100.00 or more annually) receive a MVP PEOPLE jacket and will be enrolled in the PEOPLE Membership Rewards Program - visit peoplerewards.afscme.org. Mail completed application to CSEA PEOPLE, 143 Washington Avenue, Albany, NY 12210