

Yours Free! When You Contribute \$1.93 a week* or more to PEOPLE.

It's the perfect way to show that you're working to save our pension and health benefits!

What is PEOPLE?

CSEA's PEOPLE Program protects and improves our jobs, benefits and pensions in Washington, Albany and in your community. Your support and participation in PEOPLE strengthens CSEA's clout in the workplace, in the legislature, in your community and in the labor movement.



Our Green Jacket - Available Only To MVP PEOPLE Members

Please complete the enclosed application form and return it and we will send you your FREE jacket.



Please allow 6 to 8 weeks for delivery



Members that contribute \$100.00 or more annually will be enrolled in the PEOPLE Membership Rewards Program.

DETACH, FOLD, SEAL AND MAIL.

YES! I want to be part of the action. ★ ★ ★ VOLUNTARY PEOPLE MEMBERSHIP AUTHORIZATION ★ ★ ★ 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.

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.

 SIGNATURE DATE

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

Recruiter: _____

YES! I want to be part of the action. ★ ★ ★ VOLUNTARY PEOPLE MEMBERSHIP AUTHORIZATION ★ ★ ★ 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

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