

C.O.P.E CHECK-OFF

Authorization for Voluntary Check-Off for Committee on Political Education

Name _____

Address _____

Pursuant to application law, I hereby authorize _____ to deduct from my wages the sum of \$ _____ in each pay period and to remit such deduction monthly to the Committee on Political Education of HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO, 110 Kinderkamack Rd., Emerson, NJ 07630. I understand that this money will be used to make political contributions and expenditures as authorized by the Executive Council of HPAAE.

This authorization shall be effective immediately, and shall remain in effect for a minimum of one year and shall continue thereafter unless modified or withdrawn.

Signature _____

Date _____ Social Security # _____

