

VOTE-COPE PAYROLL DEDUCTION AUTHORIZATION

Name: _____ Signature: _____

Address: _____

Local: 14-135 Valley Central Teachers Association Date: _____

Contribution (Circle One): \$5 per pay \$100 per year Other _____

Check this box if you wish to have your contributions for the current year adjusted to meet a yearly maximum (e.g., \$100)

Return this form to the Union Office or the Business Office at Central Office.