

**Authorization for  
Voluntary Union  
Representation and  
Dues Check-off**



**AFSCME Local 3930 / AFL-CIO**

I hereby authorize UDW Homecare Providers Union to act for me as the sole collective bargaining agent in all matters pertaining to rates of pay, wages, hours and others conditions of employment and the adjustment and settlement of all grievances, complaints or disputes arising out of collective bargaining. I further authorize my IHSS employer, or the agent of the employer, to deduct from my wages the amount equal to the dues, fees and/or assessments required of my membership in the Union and to remit said sums to the Union as specified by the Union. This assignment and authorization shall remain in effect until revoked by me, but shall be irrevocable for one year from the date of signature, and shall otherwise automatically continue each one year period.

Mr.       Mrs.       Ms.

**First Name**

**Last Name**

**Social Security Number (Last 4 digits only)**

**Telephone**

**Date of Birth**

**Address**

**City**

**State**

**Zip**

**Language Preference for Mail**

English       Spanish       Other

**E-mail Address**

**Signature**

**Date**

**Registered to Vote?**

**I want to get involved**

Yes       No

Yes       No

**[www.udwa.org](http://www.udwa.org)**