

PRINT  
OR TYPE \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Effective Date

\_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Department/Division \_\_\_\_\_ Title

I hereby request and authorize my timekeeper to deduct from my earnings each month \$\_\_\_\_\_ to provide for the regular/fair share (circle one) payment of dues established by P.E.A. This amount is certified by P.E.A. and any changes in such amount shall also be so certified. The amount deducted shall be paid to the treasurer of P.E.A.

I also hereby designate P.E.A. as my duly chosen and authorized representative on matters relating to my employment in order to promote and protect my economic welfare and conditions of employment.

X \_\_\_\_\_  
(Employee's Signature)



Monthly membership dues will be deducted from your payroll check as set forth below.

<b><u>Employment</u></b>	<b><u>Regular Member</u></b>	<b><u>Fair Share</u></b>
<b>Full-time (more than 20 hours per week)</b>	<b>\$32.00</b>	<b>\$27.20</b>
<b>Part-time (20 hours per week or less)</b>	<b>\$16.00</b>	<b>\$13.60</b>

If you are employed by the City of Saint Paul or IDS #625 in a job title that is represented by the Professional Employees Association, Inc. (PEA), please complete this Authorization for Payroll Deduction for Dues form and send to:

Julie Kraus  
Personnel Chair  
City Attorney's Office  
400 City Hall & Courthouse  
15 West Kellogg Boulevard  
Saint Paul, MN 55102