



Name: _____

I, the undersigned, hereby apply for membership in and designated the Fairfax County Government Employees Union (FCGEU) as my duly authorized representative on matters relating to my economic welfare, including wages, hours and working conditions and as my representative in FLSA matters and in any grievances I may have concerning these matters. Please consider this your authority to abide by the Constitution and Bylaws of FCGEU.

I hereby authorize my employer: Fairfax County Government to deduct from my earnings such amount of dues as may now or hereinafter be payable by to the organization named above. This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.

This authorization shall remain in effect until amended or rescinded by me in writing.

Date

Address

\$10.00 per pay period

Amount of dues

Address

Phone

Email address

County Agency

Social Security No. or Employee EIN No.

Effective Date

\$10.00 per pay period

Amount

Signature

Employee's Name (Print or type)

Mail to:
11198 Lee Highway, Suite D3, Fairfax, VA 22030