



Membership Application



"Let each become all they are capable of being"

Name _____

Mail address _____
City, State, Zip _____

Company _____
Company address _____
City, State, Zip _____

Your e-mail address _____

Cell _____ Work _____

Home _____

*Federal SCD Date _____

*The date you began federal employment if you are a federal employee

Please check one of the following please:

This membership application is for the following NBCFAE:

Chapter _____

Region _____

Do you want home address Y N or office address Y N or both in the National Directory?

DUES

- Active member dues - three quarters of one percent (.0075) of base pay, step one (1) per year, paid through dues check-off. (Requires Form SF 1187 and this application to Membership Services)
- Associate and Retired member dues: \$50.00 per year. (Requires this application and check to National Treasurer)
- Lifetime Retired member dues: \$300.00 per year. (Requires this application and check to National Treasurer)
- Corporate member dues: \$1,000.00 per year. (Requires this application and check to National Treasurer)
- Associate Corporate member dues: \$500.00 per year. (Requires this application and check to National Treasurer)
- Full Associate member: Three quarters of one (1) per cent (.0075) of gross pay per year. Please contact National Treasurer to provide gross pay and current address, and request information on Full Associate dues.

Class of membership applying for: (Check one, please)

Active* Retired Lifetime Retired Associate Corporate
Associate Corporate Full Associate

(FAA Employees only) Print and submit this application and form SF 1187 to:
NBCFAE Membership Services
613 Carrington Park
Jonesboro, GA 30236

All others print and submit application along with check to:
NBCFAE National Treasurer
6430 Jones Road
College Park, GA 30349-1567

As a member of the National Black Coalition of Federal Aviation Employees (NBCFAE); in order to promote equal employment opportunity for African Americans, females and other minorities; improve employee-management relations and provide an effective liaison among Federal Aviation Administration employees, management and the community at large, I do hereby pledge my support to the National Black Coalition of Federal Aviation Employees.

Signature _____ **Date** _____

(Internal officers or recruiting member: Send 1 copy to National Treasurer; send 1 copy to Regional Membership Chairperson and keep 1 copy for your records)

Recruited by _____ **Date** _____

ORG/Phone _____

REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Privacy Act Statement

Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation;

5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

1. Name of Employee <i>(Print or Type-Last, First, Middle)</i>	2. Employee Identification Number <i>(SSN or Other)</i>	3. Timekeeper Number
4. Home Address <i>(Street Number, City, State and ZIP Code)</i>	5. Name of Agency <i>(Include Bureau, Division, Branch or Other Designation)</i>	

Section A-For Use By Labor Organization

Name of Labor Organization *(Include Local, Branch, Lodge or Other Appropriate Identification)*

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per

(biweekly pay period) (calendar month). (Strike out whichever period is not appropriate, based on arrangement with the employee's agency.)

Signature and Title of Authorized Official

Date *(Month, Day, Year)*

Section B-Authorization By Employee

I hereby authorize the above named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization):

of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency. Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named labor organization as a uniform change in its dues structure.

Contributions or gifts (including dues) to the labor organization shown at left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office

Signature of Employee

Date *(Month, Day, Year)*

FOR COMPLETION BY AGENCY ONLY- The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES", send this form to payroll. If "NO", return this form to the labor organization.)

YES	NO