BERNALILLO COUNTY MEMBERSHIP REGISTRATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a sworn Sheriff’s Deputy employed by the Bernalillo County Deputy Sheriff’s Office in Albuquerque, New Mexico, and I do hereby designate the Bernalillo County Deputy Sheriff’s Association as my representative for the purposes of bargaining with the County of Bernalillo concerning my hours of work, compensation paid therefore and other terms and conditions of my employment.

In accordance with the provision of Article 5 of the Agreement between the Association and the County, I hereby authorize the County of Bernalillo to withhold from my compensation and pay over to the Bernalillo County Deputy Sheriff’s Association, such amount as is certified by the President of the Association as representing the dues or fees uniformly required for the membership therein.

This Dues Check-Off Authorization shall remain in full force and effect for the term of said Agreement or until such time as I revoke the same in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN / DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, POSTAL ZIP CODE

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PHONE