



Minnesota Public Employees Association, Inc.

2233 N. Hamline Ave, Suite 603

PO Box 131143

Roseville, MN 55113

612-367-6673

Dear MNPEA Member,

The following form needs to be completed to authorize the deduction of your union dues and to ensure that your member benefits are in place. The information will also be used to create your member file in the MNPEA database. Please fill out the form at the bottom of this page and return it to your Steward at your earliest convenience.

Thank you,

Board
Minnesota Public Employees Association, Inc.

I hereby authorize the following payroll deductions to be paid to Minnesota Public Employees Association, Inc. to cover my union dues.

\$64 the first month (\$25 Initiation Fee and \$39 Dues)
\$39 thereafter for Monthly Dues

Employer: _____

Members Name (printed): _____

Members Signature: _____ Date: _____

Mailing street address: _____

City, State, ZIP: _____