

What is PEOPLE?

CSEA's PEOPLE Program protects and improves our jobs, benefits and pensions in Washington, Albany and in your community. Your support and participation in PEOPLE strengthens CSEA's clout in the workplace, in the legislature, in your community and in the labor movement.

*Join the fight to protect Retirees' rights and benefits.
Join PEOPLE.*



↓ DETACH ALONG PERFORATION ABOVE. FOLD DOWN GUMMED FLAP AND MAIL. ↓

**Yours
Free!**

When You Contribute \$1.93 a week* (\$8.35 monthly) or more to PEOPLE.
It's the perfect way to show that you're working to save our pension and health benefits!

**Based on 52 weeks.*

Our Green Jacket - Available Only To MVP PEOPLE Members

Please complete the enclosed application form and return it and we will send you your FREE jacket.



Please allow 6 to 8 weeks for delivery



Members that contribute \$100.00 or more annually will receive other gift incentives.

YES! I want to be part of the action. ★ ★ ★ VOLUNTARY PEOPLE MEMBERSHIP AUTHORIZATION ★ ★ ★ YES! I want to be part of the action.

• PENSION DEDUCTION APPLICATION •

Name _____ Last _____ First _____ Middle _____
 Address _____ Apt. # / Floor _____
 City _____ State _____ ZIP _____
 Social Security No. _____
 Home Phone () _____ Region _____ Local _____
 E-mail address _____

Total amount deducted per month in equal installments:
 \$8.35 \$4.17 \$3.00 \$2.00 \$ _____ Other
 MVP

In addition to my Civil Service Employees Association, Inc. dues deduction previously authorized by me, I further authorize, pursuant to Section 110-b of the Retirement and Social Security Law, the PEOPLE deduction amount checked to be made from my monthly allowance from the New York State and Local Retirement System and remit to the Civil Service Employees Association, Inc. as a voluntary contribution to be forwarded to the Treasurer of the PEOPLE Qualified Committee, AFSCME, P.O. Box 65334, Washington, D.C. 20035-5334, to be used in accordance with the By-Laws of PEOPLE Qualified Committee for the purpose of making political contributions. My contribution is voluntary and I understand that it is not required as a condition of membership in any organization and is free of reprisal, and that I may revoke this authorization at any time by giving written notice. I understand that CSEA, Local 1000, AFSCME, AFL-CIO is my agent and all requests to begin, modify, or revoke deductions must be submitted through the Union.

SIGNATURE _____ DATE _____
 circle size: X-Small / S / M / L / XL / 2XL / 3XL / 4XL
 Jacket Received

Recruiter: _____

• DIRECT CONTRIBUTION APPLICATION •

Name _____ Last _____ First _____ Middle _____
 Address _____ Apt. # / Floor _____
 City _____ State _____ ZIP _____
 Social Security No. _____
 Home Phone () _____ Region _____ Local _____
 E-mail address _____

Enclosed is my personal check, money order or credit card contribution made payable to PEOPLE in the amount of: \$100 \$50 \$36 \$24 \$ _____ Other

VISA MASTERCARD Expiration Date _____
 ACCOUNT NUMBER _____

SIGNATURE _____ DATE _____
 circle size: X-Small / S / M / L / XL / 2XL / 3XL / 4XL
 Jacket Received

NOTE: In accordance with federal law, the PEOPLE committee will accept contributions only from members of AFSCME, executive or administrative personnel and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

