



IAWP is YOUR Professional Association. We hope you will share your skills and interests to assist us in providing quality member programs. Help your chapter grow by using your talents to get involved in a committee or activity – you'll love it!

Last name	First name	Middle Initial	Department
Street Address		City	Zip code
Title	Item#	Local Office#	
Email address:			
Work		Home	

PAYROLL DEDUCTION AUTHORITY
Dues Deduction for IAWP

Sub-Chapter Name: _____

To the COMPTROLLER of the State Of New York

I hereby authorize you to deduct from my salary biweekly the amount of \$ \$3.00 for payment of IAWP membership dues pursuant to Chapter 934 of the Law of 1956 and to make any adjustment necessary for the purpose of payment of dues in the amount certified by IAWP (International Association of Workforce Professionals), New York State Chapter. One dollar and twenty-five cents (\$1.25) of the annual dues will be for a subscription to the Empire State Reporter. If I am not now or shall in the future cease to be paid on a bi-weekly basis, I authorize you to deduct the amount necessary for payments of my annual dues. I understand that this order may be revoked at any time by written notice to you.

Date card is signed	Signature of Employee	Social Security Number
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SEND ORIGINAL TO ----->

Bart Sebastian
 IAWP State Treasurer
 15 Rock Street
 Saratoga Springs, NY
 12866

Send copy to ----->

Karen May
 IAWP State Membership Chair
 Unity Health System
 46 Prince St. – 3rd floor
 Rochester, NY
 14607

ALWAYS RETAIN ONE COPY FOR YOUR RECORDS
 By signing I agree to keep my membership active for a minimum of one year.