



TEXAS PUBLIC EMPLOYEES ASSOCIATION
 10815 Ranch Road Bldg 3B-100 • Austin, TX • 78730-1160
 512-476-2691 • 888-367-8732 (toll-free)
 www.tpea.org • Email: mail@tpea.org



This completed form must be submitted to your human resources office or payroll office for processing. The bottom (yellow) copy should be sent to TPEA.

Social Security Number		First Name		Last Name

PIN NO. 17410323699-000	<input checked="" type="checkbox"/>	Effective Date: _____ / _____ / _____	<input type="checkbox"/> Address Change
	New Member	<input checked="" type="checkbox"/> \$7.50/month	

AGENCY NAME		DATE OF BIRTH (MMDDYYYY)	
HOME MAILING ADDRESS			
CITY	STATE	ZIP	
CELL PHONE	HOME EMAIL		
FACILITY/OFFICE LOCATION		REFERRED BY	

AUTHORIZATION FOR PAYROLL DEDUCTION

I understand that I cannot be compelled to be a member of a state employee organization or to pay dues to a state employee organization as a condition of employment with the state. While I am free to join a state employee organization, I understand I may change or cancel this authorization at any time by providing written notice to my employer. I voluntarily authorize a monthly payroll deduction from my salary or wages in the amount shown above or such amount as certified to the Comptroller as the membership dues for TPEA and agree to comply with the comptroller's rules concerning this deduction. I agree that my name, social security number, personal contact information, and the amount of my payroll deduction for membership fees may be provided to TPEA only for the purpose of informing TPEA about the payroll deduction. TPEA membership dues are not deductible as charitable contributions for Federal Income Tax purposes.

MEMBERSHIP SIGNATURE	DATE
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