

Membership Application



[Print Application](#) - [Download PDF](#)

For Payroll deduction purposes, AFSCME Local 4041 must have an original signature on the completed card, we cannot accept an emailed or faxed copy.

AFSCME MEMBERSHIP APPLICATION

(Please print clearly)

Name: _____

EIN# _____ and/or SS# _____ -- _____ -- _____ DOB ____ / ____ / ____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Email Address: _____ @ _____

Home Phone: _____ Cell Phone: _____

Employing Agency: _____ Work Phone: _____

Department: _____ Work Site: _____

Classification: _____ Date of Hire with State: ____ / ____ / ____

Registered Voter: Y N Assembly District: _____ Senate District: _____

AFSCME Chapter: _____ Recruited By: _____

Date: ____ / ____ / ____ Signature: _____

I understand that this application is for membership in AFSCME Local 4041, and authorizes AFSCME Local 4041 to represent me in matters pertaining to my employment with the State of Nevada. This includes membership in the Political Information Committee, Inc. I HEREBY AUTHORIZE my employer to deduct from my salary the membership dues and benefit program payment in effect at this time or as modified in the future. Membership dues are 1% of base compensation pay before taxes, each pay period; probationary employees dues are 1/2% during probationary period.

“Membership renews annually and will remain in effect unless cancelled 2 weeks prior to your anniversary date as outlined in NAC 281.260”.

Office Use Only: Received: ____ / ____ / ____ Probation Period: ____ / ____ / ____ Start Date: ____ / ____ / ____

Mail to: AFSCME Local 4041, 504 E Musser Street, Suite 300, Carson City, NV 89701

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