

WHY ASPTEA?

The Administrative, Supervisory, Professional & Technical Employees Association was founded in 1975 under City of Phoenix Ordinance G-1536. We are recognized by the City as the authorized representatives for all Unit 7 employees as it relates to wages, benefits and working conditions. We represent the largest single group of City employees with over 3,700 professionals in nearly all departments.

Our primary program functions include wage & benefit negotiations, grievance handling and representation in matters involving discipline. We also represent the interests of our unit on a variety of issues such as health care, policy changes, classification & compensation issues and labor/ management partnerships. In addition to the primary functions, we also host several social events each year that include an annual picnic, holiday party and Laughlin trips.

"Member Only" benefits include our ASPTEA Legal Plan, \$15,000 Accidental Death & Dismemberment Insurance, Cellular Phone Discounts with Verizon, Educational Awards and much more!

Be sure to visit us on the web at www.asptea.net or call (602) 254-8474

INVEST IN YOUR FUTURE ~ JOIN ASPTEA TODAY! REMEMBER THERE IS STRENGTH IN NUMBERS

Last name First Name Middle Initial Office Phone

Address (including apartment number) City Zip Home Phone

Department/Division Job Classification/Title Employee ID Number

Signature Date Recruiter's Name

E-Mail _____
**Mail both the enrollment card above and the deduction card below to:
DO NOT SEND INTEROFFICE**

ASPT EA
111 West Monroe Street, Suite 1200
Phoenix, AZ 85003-1722

PLEASE PRINT ALL INFORMATION

CITY OF PHOENIX
CHECK ONE DEDUCTION
STATUS BELOW
 START / CHANGE
 STOP

EMPLOYEE ID	LAST NAME		FIRST NAME	
SOCIAL SECURITY NO	DEPARTMENT	DEDUCT CODE	DEDUCT AMOUNT	
XXXXXX		0641		

<p>1ST PAY DEDUCTIONS</p> <p>PAYROLL DUES DEDUCTION FOR ADMINISTRATIVE, SUPERVISORY, PROFESSIONAL & TECHNICAL EMPLOYEES ASSOCIATION (ASPT EA)</p>	<p>Effective on the date below, I voluntarily request and authorize the City Controller to deduct from my wages and/or compensation once a month, a sufficient amount to provide for the regular payment of the current rate of monthly dues as certified by ASPTEA.*</p> <p>The amount deducted shall be paid to the Treasurer of ASPTEA. This authorization shall remain in effect unless revoked by me by written notice.</p> <p>*Subject to change by ASPTEA authorization.</p>
_____	_____
SIGNATURE	DATE
_____	_____
	EFFECTIVE WARRANT DATE