



COPE ADDITION/CHANGE FORM: AFT, Local 212 - Milwaukee Area Technical College

Last Name:	Cosmo Id No.:
First Name:	Home Phone:
Address:	Mobile Phone:
City:	Work Phone:
State: Zip:	Personal Email:
□ Address is my home address	Work Email:

Current Monthly COPE Contribution	\$ Indicate N/A if you are a new contributor
New COPE Contribution Amount	\$ NEW CONTRIBUTORS ONLY. Specify dollar amount.
Please Increase My Current Contribution by	\$ CURRENT CONTRIBUTORS ONLY. Specify dollar amount.
Total Monthly COPE Contribution	\$ This amount will be included in your monthly union dues total and recorded via the payment method you have designated.

PLEASE CHECK WHICH METHOD YOU ARE CURRENTLY USING TO PAY YOUR MONTHLY UNION DUES			
	Bank Draft (The change to your COPE contribution amount will be automatically made for you and will be appear on the next dues draft)	FOR OFFICE USE	
Alter	native Payment Method (Please submit a check(s) for the		
	ence already remitted to AFT, Local 212 for your union dues. If		
	re paying by monthly check via your bank's bill pay system, please		
make	the necessary adjustment to your monthly total remittance).		
	One Annual Check		
	Quarterly Checks (4 post-dated checks)		
	Monthly Check from Member's Bank Bill Pay System		

COPE DISCLOSURE: AFT, LOCAL 212 COPE is the American Federation of Teachers, Local 212's Committee on Political Education. I hereby authorize a monthly contribution to AFT, LOCAL 212 COPE in the amount indicated. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT, LOCAL 212 COPE. This voluntary authorization may be revoked at any time by notifying AFT, LOCAL 212 COPE in writing of the desire to do so. Contribution or gifts to AFT, LOCAL 212 COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity.

COPE PAYROLL DEDUCTION: In the event that payroll deduction is reinstated, I also hereby authorize the Milwaukee Area Technical College to deduct from my wages the voluntary COPE contribution for AFT, LOCAL 212 COPE in the amount indicated above.

I have read and accept the terms of the COPE agreement above.

Signature _