

Oklahoma Public Employees Association Membership Application



Please return to: OPEA, 13 N.E. 28th St., Oklahoma City, Okla. 73105 or visit www.opea.org.

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Home E-mail _____ Work E-mail _____

Agency _____ Work Location _____ Position _____

Work Location Address _____ City _____ State _____ Zip _____

Work Fax Number () _____ Who introduced you to OPEA? _____

Payroll Deduction Authorization

I hereby authorize the state of Oklahoma to deduct from my pay the amount checked below required to purchase dues in the Oklahoma Public Employees Association, subject to my right to revoke this order by written notice to my employer.

Dues Options:

\$15 \$15 _____ + _____ (Members may choose to pay more to help the Association further its goals.)

Signature _____ Last Four Digits SS# _____ Birth Date _____

OPEA's standard dues are \$15 per month. Annual dues: state employees - \$180; retirees - \$60; associates - \$20; corporate affiliates - \$300. Contributions or gifts to OPEA are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible as a miscellaneous itemized deduction. Dues include your annual subscription to *The Advocate* (a \$4 value). Your \$15 monthly dues payment includes a \$2.25 contribution to OPEAPAC.

I do not want \$2.25 per month of my dues to go to OPEAPAC.

Office use only: ___Amt ___Proc ___Tran ___CC ___WLC ___NMP