

**NOTICE OF REGULAR BI-WEEKLY DUES
CERTIFIED BY EMPLOYEE ORGANIZATION**

I certify the regular bi-weekly dues for members of the recognized unit are \$ _____
plus administrative fee of \$.06 for a total deduction of \$ _____
effective with the first payroll period after _____
Month Day Year

This amount does not include any additional fee, fine, assessment, contribution or payment which may be required of members by the certified organization.

Signature: _____
President, Local

Employee Organization