

**Detailed instructions for processing changes in membership and/or officers.**

**#1 and #2 - TO ADD A NEW MEMBER**

<b>Form Title &amp; Use Frequency</b>	<b>Purpose</b>	<b>Distribution</b>	<b>Comment</b>
<u>AFSCME Payroll Authorization Form</u>  Required: Upon acceptance of union position	Authorizes employer to deduct monthly union dues.	Mail original <b>signed</b> authorization to employer, send <b>green</b> copy to Council 25, retain one for Local S/T and send one to Chairperson, if applicable.	<b>Complete form in its entirety</b> (i.e., name, address, telephone numbers, employer name, member job title, local/sub number and date started.
<u>Report Members Added or Reinstated</u>  Required: Upon acceptance of union position	Data used to update membership file.	Mail completed form to Michigan AFSCME Council 25.	Amalgamated local(s) provide Local and sub local number.

**#3 – TO DELETE/DROP A MEMBER**

<b>Form Title &amp; Use Frequency</b>	<b>Purpose</b>	<b>Distribution</b>	<b>Comment</b>
<u>Report of Members/Non-Members Dropped</u>  Required: Immediately upon advisement.	Authorizes Council to remove member from database generally due to retirement, death, change of job, resigned or terminated.	Mail completed form to Michigan AFSCME Council 25.	<b>Complete form in its entirety</b> (i.e., Local & Sub Local number(s), Reported by <i>officer name &amp; title</i> ), Local Name and Address, Member Name and Address

**#4 - TO CHANGE MEMBER INFORMATION (NAME OR ADDRESS)**

<b>Form Title &amp; Use Frequency</b>	<b>Purpose</b>	<b>Distribution</b>	<b>Comment</b>
<u>Change of Name or Address</u>  Required: Immediately upon advisement.	Authorizes Council to update member database with current information, generally due to change of name and/or address.	Mail completed form to Michigan AFSCME Council 25.	<b>Complete form in its entirety</b> (i.e., Local & Sub Local number(s), Reported by <i>officer name &amp; title</i> ), Local Name and Address, Member Name and Address

**#5 - TO REPORT LOCAL OFFICERS/REPORT OF SUB LOCAL OFFICERS**

<b>Form Title &amp; Use Frequency</b>	<b>Purpose</b>	<b>Distribution</b>	<b>Comment</b>
<u>Report of Local Officers</u>  Required: Immediately upon finalization of change.  <u>Report of Sub Local Officers – For Locals with Chapters, only.</u>	Authorizes Council to update database with current officer information, generally due to local elections, death, illness, resignation or recall.	Mail completed form to Michigan AFSCME Council 25.	<b>Complete form in its entirety</b> (i.e., Local name & number), information reported by ( <i>i.e., person completing the form</i> ) name, office held, <b>term beginning &amp; end dates</b> , address and telephone number.