INDIANAPOLIS NEWSPAPER GUILD DUES DEDUCTION FORM

_____ ____ _____ _____ _____

Last name First name Middle init.

_____ _____ _____

Home address City ZIP Code

_____ _____ _____

Home phone number Work phone number Email address

_____

Title or position

I authorize Indianapolis Newspapers Inc. to deduct from my salary every pay period my dues for the Indianapolis Newspaper Guild, unless I revoke this authorization in writing through the Guild.

This authorization shall permit and accept any changes in the amount of the dues officially adopted by the Guild.

_____ _____

Signature Date