

WHY ASPTEA?

The Administrative, Supervisory, Professional & Technical Employees Association was founded in 1975 under City of Phoenix Ordinance G-1536. We are recognized by the City as the authorized representatives for all Unit 7 employees as it relates to wages, benefits and working conditions. We represent the largest single group of City employees with over 3,000 professionals in nearly all departments.

Our primary program functions include wage and benefit negotiations, grievance handling and representation in matters involving discipline. We also represent the interests of our unit on a variety of issues such as health care, classification and compensations issues and labor/management partnerships.

“Member Only” benefits include our ASPTEA Legal Plan, Educational Awards and much more!

Be sure to visit us on the web at www.asptea.com or call (602) 254-8474.

**INVEST IN YOUR FUTURE – JOIN ASPTEA TODAY!
REMEMBER THERE IS STRENGTH IN NUMBERS**

Last Name	First Name	Middle Initial	Office Phone
Address (including apartment number)	City	Zip	Home Phone
Department/Division	Job Classification/Title		Employee ID Number
Signature	Date	Recruiter's Name	

Personal e-mail address

Mail both the enrollment card above and the deduction card below to:
DO NOT SEND INTEROFFICE

ASPTEA
637 N. 3rd Avenue
Phoenix, AZ 85003

PLEASE PRINT ALL INFORMATION				CITY OF PHOENIX
Employee ID	Last Name	First Name		CHECK ONE DEDUCTION STATUS BELOW
Last 4 Digits– SS#	Department	Deduct Code	Deduct Amount	
		0641	\$20.00	START/CHANGE <input type="checkbox"/>
				STOP <input type="checkbox"/>
1 ST PAY DEDUCTIONS PAYROLL DUES DEDUCTION FOR ADMINISTRATIVE, SUPERVISORY, PROFESSIONAL & TECHNICAL EMPLOYEES ASSOCIATION (ASPTEA)	Effective on the date below, I voluntarily request and authorize the City Controller to deduct from my wages and/or compensation once a month, a sufficient amount to provide for the regular payment of the current rate of monthly dues as certified by ASPTEA* The amount deducted shall be paid to the Treasurer of ASPTEA. This authorization shall remain in effect unless revoked by me by written notice. *Subject to change by ASPTEA authorization.			
	Signature	Date	Effective Warrant Date	