

**CINCINNATI ORGANIZED & DEDICATED EMPLOYEES
C.O.D.E.**

MEMBERSHIP FORM

I hereby authorize and direct you to deduct from my wages an amount necessary to satisfy my dues to Cincinnati Organized and Dedicated Employees ("C.O.D.E."). The Treasurer of C.O.D.E. will notify you of the amount of such bi-weekly dues, and you are hereby authorized to rely on such information as it may be modified from time to time. You are further directed to promptly remit to the Treasurer of C.O.D.E. all amounts so deducted from my wages.

PRINT NAME: _____ Employee ID #: _____
ADDRESS: _____
CITY: _____ State: ____ ZIP: _____ Home PH#: _____
DEPT: _____ DIV: _____ Work PH#: _____
CLASSIFICATION: _____
AUTHORIZATION DATE: _____ SIGNATURE: _____

I agree to the terms of this Agreement, and that on the effective date of this Agreement, I am a member of C.O.D.E. The maintenance of my membership in C.O.D.E. at any time is governed by the Collective Bargaining Agreement in effect at that time between the City of Cincinnati and C.O.D.E.

This authorization shall continue in effect until cancelled in accordance with the Collective Bargaining Agreement.

When completed, attach to email or scan and return to **secretary@codegroup.org**

You may also send to:

Don Stiens, DOTE via Interdepartmental mail, by email donald.stiens@cincinnati-oh.gov or

CODE, 700 Pete Rose Way # 10, CINCINNATI-OHIO 45202 via U.S. Mail.