



AFT Local 1493 COPE Authorization Form
For the San Mateo County Community College District

I hereby authorize the San Mateo County Community College District to withhold from each of my salary warrants \$_____ as my contribution to AFT Local 1493 COPE (Committee on Political Education), and to transmit said sum to AFT Local 1493 for deposit into its COPE Account.

I hereby consent to the adjustment of such deduction to conform to any future pay period change. This authorization shall be in full force and effect until revoked by the undersigned or by the organization.

Please note that contributions or gifts to AFT Local 1493 COPE are not deductible as charitable contributions for Federal or State Income Tax purposes.

Print Name _____

"G"# _____

Signature _____

Date _____

Please fill out this form and return it to:

**AFT Local 1493
College of San Mateo
1700 W. Hillsdale Blvd., Building 1 Room 255
San Mateo, CA 94402**