

**IBEW-COPE**  
**VACATION FUND AUTHORIZATION CARD**

I hereby authorize and direct the Annual Benefit Fund to deduct from the vacation benefits payable to me from the fund, the sum of five cents (.05¢) per contributed hour and to remit that amount to IBEW-COPE.

This Authorization is voluntarily made based on my specific understanding that: the signing of this authorization card and the making of these voluntary contributions are not conditions of membership in the union or of employment by my employer; I may refuse to contribute without reprisal; IBEW-COPE will use the money they receive for political purposes including but not limited to making contributions to and expenditures for candidates for federal, state, and local offices and addressing political issues of public importance.

Contributions or gifts to IBEW-COPE are not deductible as charitable contributions for federal income tax purposes. This authorization shall remain in full force and effect until revoked in writing by me.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security # : \_\_\_\_\_ Local # : \_\_\_\_\_ Date: \_\_\_\_\_