

**APPENDIX B**

**LSSA Authorization for Check-Off**

**To: Legal Services NYC, and its appropriate Constituent Corporations.**

1.  Check box if you choose to become a member of the LSSA.

The undersigned hereby authorizes and directs you to deduct from the bi-weekly wages earned and to be earned by me as your employee such amounts as the Legal Services Staff Association shall, from time to time, duly establish as its membership dues and initiation fees for membership in the Association, and to remit the amounts so deducted to the Association.

2.  Check box if you choose NOT to become a member of LSSA.

The undersigned hereby authorizes and directs you to deduct from the bi-weekly wages earned and to be earned by me as your employee such amounts as the Legal Services Staff Association shall, from time to time, duly establish as its agency fees and registration fees for employees who choose not to be members of the Association, and to remit the amounts so deducted to the Association.

|                     |                |
|---------------------|----------------|
| DATE                | _____          |
| SIGNATURE           | _____          |
| PRINT NAME          | _____          |
| HOME ADDRESS        | _____<br>_____ |
| HOME TELEPHONE NO.  | _____          |
| PERSONAL EMAIL      | _____          |
| SOCIAL SECURITY NO. | _____          |
| OFFICE              | _____          |