



Illinois Association of Hispanic State Employees
P.O. Box 641526, Chicago, Illinois 60664-1526
Phone: 312-814-8942 Fax: 312-814-8538

Dear Friend:

The Illinois Association of Hispanic State Employees' (IAHSE) membership committee would like to take this opportunity to invite you to become a member of IAHSE.

It is IAHSE's mission to increase and secure the number of Hispanic employees at all levels of State Government to ensure the full delivery of state services and resources to the Latino community. A strong representation of Latinos is vital to promote change. Your membership is very important to us!

If you work for the State of Illinois, you can elect to pay by payroll deduction: \$1.50 would be deducted from each paycheck and you do not have to renew your membership every year or you may pay annually by check (\$36). If you are not a state employee you can still join IAHSE, as an Associate Member. Please complete the information at the bottom portion of this letter and submit today at the membership table or mail back to us at the listed address.

Upon receipt of your membership dues, you will receive an IAHSE membership card. You will also receive Aviso newsletters, informational e-mails, and IAHSE events information. Our main activities during the year include, IAHSE's Capitol Day Reception in Springfield, during the month of May and our IAHSE Conference in early fall.

Make a Difference, Join Today!
 IAHSE Membership Committee

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ILLINOIS ASSOCIATION OF HISPANIC STATE EMPLOYEES
STATE OF ILLINOIS PAYROLL DEDUCTION AUTHORIZATION

DATE: _____

RETURN TO:

ILLINOIS ASSOCIATION OF HISPANIC STATE EMPLOYEES
 P.O. BOX 641526
 CHICAGO, ILLINOIS 60664-1526

I AM PAID Monthly Semi-Monthly Bi-weekly
 I hereby authorize a deduction in the amount certified as the current rate of deduction to
 be withheld from my pay in accordance with the state Salary and Annuity Withholding Act.

Deduction for - Illinois Association of Hispanic State Employees, 74, Social Security # _____
Payee's Name Payee's Code No.

NAME _____ PHONE (____) _____
Last First Middle

HOME ADDRESS _____ CITY _____ ZIP _____

AGENCY _____ PHONE (____) _____ PAYROLL CODE NO. _____

BUSINESS ADDRESS _____ CITY _____ ZIP _____

INITIAL DEDUCTION: Per Pay Period \$ _____ Month \$ _____ EFFECTIVE PAY PERIOD _____ DATE _____

SIGNED _____ E-MAIL _____

- CHECK ONE: Full Membership (1 Year = \$36) Student Member (1 Year = \$25)
 Payroll Deduction (1.50/Pay Period) Associate Member (1 Year = \$25)
 Change of Address or Contact Information

Make your membership fee payable to:
 Illinois Association of Hispanic State Employees