



## Illinois Association of Hispanic State Employees

It is IAHSE's mission to increase and secure the number of Latino 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 continue our mission and we invite you to join over 400 Latino state employees throughout Illinois. As a member, enjoy the following benefits:

- Network with other Latino professionals in state government.
- Seminars and Workshops.
- Keep abreast of what is happening with Latino State employment.
- Receive the IAHSE Newsletter.
- Resources to assist Latino state employees.

Dues are currently \$120 a year. You may pay your dues *annually*. If you are currently employed with the State of Illinois, you may pay your dues by *payroll deduction* and the amount of \$10.00 would be deducted each month, and you will not have to renew your membership every year. If you are currently not employed with the State of Illinois, you may join IAHSE as an Associate Member. Please complete the information below and submit to [iahse.assoc@illinois.gov](mailto:iahse.assoc@illinois.gov) or mail to IAHSE, P.O. Box 68384, Schaumburg, IL 60168.

### Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Last Four SSN: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Agency Information

Agency: \_\_\_\_\_ Payroll Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Dues Information

Dues: ☐ \$10 Monthly Payroll Deduction ☐ \$120 Annual Payment  
☐ \$25 Student Member ☐ \$40 Associate Member

### Payroll Deduction Information

I certify that I am paid by the agency listed above. I give my agency HR permission to deduct the following:

☐ Monthly - \$10 ☐ Twice Per Month - \$5/check

Effective Pay Period: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize a deduction in the amount certified as the current rate of deduction be withheld from my pay in accordance with the state Salary and Annuity Withholding Act. 5 ILCS 365. It is my responsibility to ensure that my agency accepts electronic signatures when submitting electronically.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date