


1. Name of Employee (Last, First, Middle Initial)	2. Last Four Digits Social Security Number	3. Referred by:	
4. Branch of Service or relationship to military. Military Service not required.  Ex. Retired Army, USMC Spouse, Father served, etc...	5. Agency  <b>U.S. PATENT AND TRADEMARK OFFICE</b>		
<b>Section A – For Use By Organization</b>			
<p>Name of Organization</p> <div style="text-align: center;">  <h2 style="margin: 0;">USPTO Military Association</h2> <p style="margin: 0;"><a href="http://ptomilitaryvassociation.org/">http://ptomilitaryvassociation.org/</a></p> </div> <p>The USPTO Military Association (UMA) is a USPTO affinity group and 501(c)(3) non-profit charity whose mission is to provide fellowship, mentorship, and support for military Veterans working at the USPTO, and to help educate others on the important contributions that Veterans have made—and continue to make—to the workforce and our nation. Membership is open to everyone and <b>prior military service is not required.</b></p> <p><b>I hereby certify that the membership dues of this organization are currently established at \$2.00 per pay period.</b></p> <p>Signature and Title of <i>Authorized UMA Official</i>:</p>			
<b>Section B – Authorization By Employee</b>			
<p>I hereby authorize the above named agency to deduct from my pay on each pay period, the amount certified above as the membership dues of the:</p> <div style="text-align: center;"> <h3 style="margin: 0;">USPTO Military Association</h3> </div> <p>and to remit such amount to that organization in accordance with its arrangements with my employing agency. I further authorize any in the amount to be deducted which is certified by the above organization as a uniform change in its dues structure. I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office of my employing agency. The UMA is a 501c3 tax-exempt public charity under Internal Revenue Code and you may be able to deduct membership dues. We suggest that you call your tax adviser or accountant. For more information on charitable contributions, please consult IRS Publication 526, Charitable Contributions.</p>			
6. Signature of Employee		7. Date (Month, Day, Year)	
<p><b>To join:</b></p> <ul style="list-style-type: none"> <li>• Payroll deduction: Please complete highlighted blocks. Sign and return to <a href="mailto:UMA@uspto.gov">UMA@uspto.gov</a> or hand deliver to a UMA Board Member.</li> <li>• Cash/Check payers: Please complete Items 1-4 and pay cash/check to a UMA Board Member for the full year.</li> </ul>		<p><b>To Cancel:</b></p> <ul style="list-style-type: none"> <li>• Cancellation of membership can only be done by the member in writing or via email to <a href="mailto:UMA@uspto.gov">UMA@uspto.gov</a>.</li> </ul>	
<p><b>FOR COMPLETION BY AGENCY ONLY</b>-the above named employee And organization meet the requirements for dues withholding. (Mark the appropriate box. If “YES”, send this form to payroll. If “NO”, return this form to the organization.)</p>		<b>YES</b>	<b>NO</b>