


1. Name of Employee (print or type- Last, First, Middle)	2. Social Security Number (last four digits only) LEAVE BLANK	3. Employee Number
4. Branch of Service, if applicable: Referred by:	5. Agency U.S. PATENT AND TRADEMARK OFFICE Office/Art Unit: Bldg./Rm. No.: Office Tel. No.: Email Address:	
	Name of Organization <p style="text-align: center;">USPTO Military Association (UMA) NFC Code - 150004</p> <hr style="width: 50%; margin: auto;"/>	
I hereby certify that the membership dues of this organization are currently established at \$2.00 per pay period.		
Signature and Title of Authorized Official		
Section B - Authorization By Employee		
I hereby authorize the above named agency to deduct from my pay on the first full pay period of each month, the amount certified above as the membership dues of the: <p style="text-align: center;">USPTO Military Association (UMA)</p> and to remit such amount to that organization in accordance with its arrangements with my employing agency. I further authorize any change 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. Contributions or gifts (including dues) to the organization shown at left are not tax deductible as charitable contributions. However, they may be named under other provisions of the Internal Revenue Code.
6. Signature of Employee for Membership APPLICATION	7. Date (Month, Day, Year)	
8. Signature of Employee for Membership CANCELLATION	9. Date (Month, Day, Year)	
FOR COMPLETION BY AGENCY ONLY- 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.)	YES	NO