


1. Name of Employee (print or type- Last, First, Middle)	3. Employee Number
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4. Home Address (Street number, City, State and Zip Code)  Referred by:	5. Agency U.S. PATENT AND TRADEMARK OFFICE Office/Art Unit: Bldg./Rm. No.: Office Tel. No.: Email Address:
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**Section A - For Use By Organization**

	Name of Organization  <b>U.S. Patent &amp; Trademark Office</b> <b>Korean-American Intellectual Property Organization</b>
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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:  <b>Korean American Intellectual Property Organization(KAIPO)</b>  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.
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6. Signature of Employee for Membership Application	7. Date (Month, Day, Year)
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<p>To join: Payroll deduction method: Please complete items 1-7. Drop or email the completed form to the Office of Members or the membership committee. Cash/Check payers: Please complete Items 1-4 and pay cash/check to the Office of Members or the membership committee for the full year.</p>	<p><b>Cancellation of membership can only be done by the member in writing after the anniversary date of enrollment within the KAIPO, unless separation from USPTO employment.</b></p>
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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.)	<b>YES</b>	<b>NO</b>
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Association Code: 540022