MEMBERSHIP APPLICATION AND DUES AUTHORIZATION

Member Name: _____

Job Title: _____

Home Address : _____

Work phone: _____

Personal phone: _____

Personal Email: _____

I apply to begin or continue membership in [LOCAL UNION] (AFSA), AFL-CIO (hereafter the "Union") and agree to abide by its constitution, bylaws and rules. I authorize the Union and any successor or assign to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment and other permissible subjects for bargaining pursuant to applicable law.

With this application, I hereby consent, authorize and direct my Employer to deduct from my salary and wages each pay period the amount of dues certified by the Union, as this amount may be adjusted periodically by the Union, and authorize my Employer to remit such amount to the Union. It is understood that this authorization is irrevocable for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by written notice to the Union and Employer between June 15 and June 30.

I understand that this application and dues authorization is voluntary and not a condition of my employment.

Date: _____ Signature: _____