

(PLEASE PRINT)

FIRST NAME:		LAST NAME:	
Address:			
Сіту:		State:	ZIP CODE:
CELL PHONE:			
Personal (non-work) E-M	1ail:		
SCHOOL/BUILDING/ROOM#	:		
UNIT: (CHECK ONE)			
□ TEACHER/NURSE	□ MPF TECHNICIANS/M	AINTENANCE	□ Paraprofessional/Tutor
EMPLOYMENT STATUS: (CHEC	ck One) 🛛 Full Time	E 🗆 Par	TTIME (Less than 20 Hours/Week)

MEMBERSHIP APPLICATION AND AUTHORIZATION FOR DUES DEDUCTION

- □ I hereby request and accept membership in AFT Amesbury, Local 1033 and I agree to abide by its Constitution and Bylaws. I authorize the union and its successor or assignee to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my employer.
- Effective immediately, I hereby authorize and direct my Employer to deduct from my pay each pay period and transmit to AFT Amesbury, Local 1033 membership dues in the amount established or revised by AFT Amesbury, Local 1033 in accordance with the AFT Amesbury, Local 1033 Constitution and By-Laws. There shall be no change in the amount of dues deducted without 60 days prior notice to me by AFT Amesbury, Local 1033. If for any reason my Employer fails to make a deduction, I authorize the Employer to make such deduction in the subsequent payroll period.

I recognize that my authorization of dues deduction, and continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

In order to comply with the Internal Revenue Service ruling, be advised that your membership dues are not deductible for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses.

Signature:		DATE:			
PAYROLL/TREASURER USE ONLY					
Full Dues Rate	HALF DUES RATE	QUARTER DUES RATE			
	26 PAYROLL CYCLES	21 PAYROLL CYCLES			