



# Alaska Public Employees Association/AFT Supervisory Unit Local 4900 State of Alaska Membership Form

Employee ID #	Last Name	First Name	M.I.

## DUES DEDUCTION CHECKOFF & MEMBERSHIP AUTHORIZATION (PLEASE CHECK ONE)

- I elect to join APEA/AFT as a Member with full membership benefits, privileges and voting rights. I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to APEA/AFT dues and initiation fees as determined by the membership according to the Constitution. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. Mail to both the employer and APEA/AFT during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement, or the date of termination of the applicable contract between the employer and APEA/AFT, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in APEA/AFT.
- I elect to be a Voluntary Fair Share Fee Payer. Deduct representational service fees equal to ninety (90%) percent of regular membership dues, this service fee will pay the cost of union representation and **IS NOT** a condition of employment. Fair Share Fee Payers are entitled to all the benefits of the contract but no privileges or any voting rights of union membership. I authorize voluntary deduction of the monthly representational service fee.
- I decline membership and I decline to pay any representational fee. I understand that in the event that I require specific individual representational services, I may be required to pay for such services at the rate set by APEA/AFT.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home Email \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Division \_\_\_\_\_ Hire/Transfer Date \_\_\_/\_\_\_/\_\_\_

Physical Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Work Email \_\_\_\_\_

My employment status is:

- Permanent Full Time     Permanent Part-Time     Seasonal     Temporary (up to 120 days)

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**Please complete form and mail or fax to APEA/AFT headquarters within 30 days of hire or transfer. If you have any questions please contact us at: State Headquarters/Juneau Field Office: 211 Fourth St., Suite 306, Juneau, AK 99801, (907) 586-2334, (800) 478-9991, Fax 586-5905**

## For APEA/AFT use only

HD/A \_\_\_\_\_ Packet Sent \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_ I-Fee Paid

Revised 6/27/18