



# ALASKA PUBLIC EMPLOYEES ASSOCIATION/AFT MEMBERSHIP FORM

**Please Print Clearly**

Social Security #	Last Name	First Name	M.I.
- -			

**I authorize monthly payroll deductions in the form of: (You must check one. If you do not check one, you will automatically be a full service member.)**

- I elect to join APEA/AFT as a Member with full membership benefits, privileges and voting rights. Dues, initiation fees and assessment costs are determined by the membership according to the bylaws. Membership in APEA/AFT is NOT a condition of employment. I authorize deduction of the monthly membership charge.
- I elect to be an Agency Fee Payer. Deduct representational service fees subject to the limitations of applicable Alaska and federal laws. This service fee is limited to the cost of union representation and IS a condition of employment. Agency Fee Payers are not entitled to the benefits, privileges or any voting rights of union membership. The reduced agency fee may be less than the full cost of membership. I authorize deduction of the monthly representational service fee.

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

Home Telephone ( ) \_\_\_\_\_ Home Email \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_ Division \_\_\_\_\_

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

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

**I currently belong to one of the following APEA/AFT Bargaining Units:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alaska Housing Maintenance and Custodians | <input type="checkbox"/> City of Petersburg                 | <input type="checkbox"/> Mat-Su Borough                        |
| <input type="checkbox"/> Anchorage Council of Education            | <input type="checkbox"/> Fairbanks North Star Borough       | <input type="checkbox"/> Nome Joint Utilities                  |
| <input type="checkbox"/> City of Bethel                            | <input type="checkbox"/> Fairbanks Police Department        | <input type="checkbox"/> Petersburg District Support Personnel |
| <input type="checkbox"/> City of Fairbanks                         | <input type="checkbox"/> Juneau Education Support Staff     | <input type="checkbox"/> State Supervisory Unit                |
| <input type="checkbox"/> City of Nome                              | <input type="checkbox"/> Juneau Mental Health Professionals | <input type="checkbox"/> United Special Education Service      |
|  | <input type="checkbox"/> Kenai Peninsula Borough            | <input type="checkbox"/> Other                                 |
|  | <input type="checkbox"/> Ketchikan Gateway Borough          |  |

**My employment status is:**

- Permanent Full Time
- Permanent Part-Time (hrs per week) \_\_\_\_\_
- Seasonal (how many months) \_\_\_\_\_
- Temporary (up to 120 days)

Hire Date \_\_\_\_\_

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

**PLEASE COMPLETE FORM AND MAIL TO APEA/AFT WITHIN 30 DAYS OF HIRE OR TRANSFER**

**For APEA/AFT use only**

House District \_\_\_\_\_ Affiliation \_\_\_\_\_ Packet Sent By \_\_\_\_\_ Date \_\_\_\_\_  
 Processed by \_\_\_\_\_ Date \_\_\_\_\_ I-Fee Paid

**If you have any questions on dues deductions or initiation fees, please contact your local Field Office.**