



Valdez American Federation of Teachers Local 3479

APEA/AFT Membership Form

Employee # / Member #	Last Name	First Name	M.I.

Please Fill Out Completely & Clearly

MEMBERSHIP AUTHORIZATION (Please check only 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 VAFT dues, initiation fees and assessment costs as determined by membership. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it by sending written notice on the approved revocation form to both the employer and VAFT.
- 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. I further authorize the deduction of initiation and assessment fees as determined by membership. 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. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it by sending written notice on the approved revocation form to both the employer and VAFT.
- 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.

Signature: _____

Date: _____

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)

*Please complete form and email to membership@apea-aft.org, fax to 907-586-5905 or mail to
APEA/AFT 151 3rd Street, Juneau, AK 99801 within 30 days of hire or transfer.*

☎ If you have any questions please contact your local Field Office. ☎

State Headquarters/Juneau Field Office: 151 3rd St., Juneau, AK 99801, (907) 586-2334, (800) 478-9991, Fax 586-5905
Anchorage Field Office: 3310 Arctic Blvd. Ste 200 Anchorage, AK 99503 (907) 274-1688, (800) 478-9992, Fax (907) 277-4588
Fairbanks Field Office: 825 College Road, Fairbanks, AK 99701 (907) 456-5412, (800) 478-9993, Fax (907) 456-7478