



Seward Public Employees Association (SPEA)

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 hereby request and voluntarily accept membership in the Seward Public Employees Association (SPEA) APEA/AFT. I agree to abide by its Constitution and Bylaws and by the APEA/AFT Constitution and Bylaws. I authorize SPEA [APEA/AFT] to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.
- 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.

Dues Deduction/Voluntary Fair Share Fee Authorization:

I direct my employer to deduct from my pay regular amounts equal to the Union APEA/AFT's membership dues or voluntary fair share fees and to transfer that money to the Union APEA/AFT. I understand that the Union APEA/AFT may periodically adjust the amount. I understand that I may rescind my membership at any time. However, I understand that strong representation requires all represented employees to contribute. Even if I rescind my membership, I agree that the contributions authorized above shall continue and this authorization shall automatically renew annually, irrespective of my membership status, unless and until I submit a timely signed revocation of this authorization. To be timely, a revocation must either follow the procedures in my Union contract, or be mailed to an APEA/AFT regional office, postmarked within the 30-day enrollment adjustment period prior to the annual anniversary of the date I sign below. Amounts paid to the Union are not tax-deductible as charitable contributions, but may be deductible under other tax provisions.

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 211 4TH St, Ste 306 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: 211 Fourth St., Ste 306, 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