

**VOLUNTARY MEMBERSHIP AUTHORIZATION & DUES DEDUCTION/CHECKOFF AUTHORIZATION FORM**



Name \_\_\_\_\_ Hire Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Worksite \_\_\_\_\_  
Non-Work Phone/Cell \_\_\_\_\_ Non-Work Email \_\_\_\_\_  
\_\_\_\_\_

YES! I want to join with my colleagues and become a member of the Alaska Housing Maintenance & Custodians, Local 6082 APEA/AFT, AFL-CIO. (AHMC) I hereby request and voluntarily accept membership in AHMC and I agree to abide by its Constitution and Bylaws. I authorize AHMC to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.  
I recognize the need for an effective union and believe everyone represented by our union should pay their fair share to support our union's representational work. I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to AHMC an amount equal to the regular monthly dues uniformly applicable to members of AHMC. 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 AHMC. \*By providing my phone number, I understand the Alaska Public Employees Association (APEA/AFT) or an APEA/AFT designee may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. APEA/AFT will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Call 907-274-1688 or 1-800-478-9992 to stop receiving messages or for more information.

**X**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Protecting pay, benefits, and working conditions, for APEA/AFT members is our number one priority. Our negotiating power depends on the participation of union members, like you standing up for our rights as valuable public service employees. Being active in your union is one of the most valuable rights you have as a member. Please let us know how you'd like to be involved in your union.

- APEA/AFT Alerts:**  
I prefer to be contacted by (please check all that apply)
- Text
  - Email
  - Voice Call
  - Worksite Meeting
  - Mail
  - Other \_\_\_\_\_
  - Do Not Contact

- Building Power with other members.
- Participate in Social Media videos and Publications.
- Getting co-workers more involved in workplace actions, events and current issues.
- Attending worksite meetings and trainings.
- Other \_\_\_\_\_

**Employee Political Information Committee (EPIC) Voluntary Payroll Deduction Form**

Yes, I wish to voluntarily contribute to EPIC. I recognize EPIC is a voluntary nonpartisan political fund: I will review and consider EPIC endorsements, recognizing they are based strictly on the candidates and/or office-holders support of workers and workers' issues. I hereby authorize my employer to deduct from my paycheck each month the amount I have indicated below and to transfer that amount to the account of APEA/AFT EPIC. This authorization is signed freely and not out of fear of reprisal and on the understanding that APEA/AFT will use the money it receives to make political contributions and expenditures in connection with state and local elections. Additionally, APEA/AFT may engage in joint fund raising efforts with the AFL-CIO.

**Deduction per month:**   \$5        \$10        \$20        \$ Other amount: \$ \_\_\_\_\_

All monetary political contributions are strictly voluntary; any and all contributions may be canceled at any time by sending written notice via U.S. Mail to APEA/AFT Employee Political Information Committee, 211 Fourth Street, Suite 206, Juneau AK, 99801-9988.

PRINT First & Last Name \_\_\_\_\_ Date: \_\_\_\_\_ Employee ID Number \_\_\_\_\_ **X** Signature \_\_\_\_\_



**Designation of Beneficiary for Accidental Death and Dismemberment Policy**

Member's Name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
Email Address \_\_\_\_\_ Local Union Number \_\_\_\_\_  
Policy holder **American Federation of Teachers Policy No. CA-4363 & C4363 (if applicable)**

Name and Address of Beneficiary \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**X**  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)