



# United Special Education Service Employees Alaska Public Employees Association/AFT Membership & Dues Deduction Form

*Print FULL NAME*

## DUES DEDUCTION CHECKOFF & MEMBERSHIP AUTHORIZATION

I elect to join USESE as a Member with full membership benefits, privileges and voting rights. I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to USESE dues, initiation fees and assessment costs as determined by the 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 USESE.

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Email \_\_\_\_\_

Job Title \_\_\_\_\_

Hire/Transfer Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Please complete form and deliver, mail or fax to APEA/AF. If you have any questions please contact us at: Anchorage Field Office: 3310 Arctic Blvd., Suite 200, AK 99503, (907) 274-1688, (800) 478-9992, Fax (907) 277-4588

### For APEA/AFT use only

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

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