

Juneau Mental Health Professionals (JMHP) Local 6134 Enrollment Form

Soc. Security #	Last Name	First Name	M.I.

DUES DEDUCTION CHECKOFF & MEMBERSHIP AUTHORIZATION *(Please check one)*

- I elect to join JMHP/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 APEA/AFT dues and initiation fees as determined by the membership according to the Constitution. 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 APEA/AFT during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement, or the date of termination of the applicable contract between the employer and APEA/AFT, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in JMHP/APEA/AFT.
- 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 () _____ Cell Phone () _____ Home Email _____

Job Title _____ Hire 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)

Signature of Employee _____ Date _____

Please complete form and return to APEA via email to membership@apea-aft.org, fax 907-586-5905, or mail to APEA/AFT 211 4th St., Ste 306, Juneau, AK 99801 within 30 days of hire. *If you have any questions, please contact the APEA/AFT membership technician at the above email or by phone at 907-586-2334. Thank you.*

For APEA/AFT use only

HD/A _____ Packet Sent _____ Processed by _____ Date _____

