

**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
<u>X</u> _____ Signature	_____ Date

YES! I want to join with my colleagues and become a member of the Kenai Borough Employee Association, Local 6140, APEA/AFT, AFL-CIO. (KBEA) I hereby request and voluntarily accept membership in KBEA and I agree to abide by its Constitution and Bylaws. I authorize KBEA 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 KBEA an amount equal to the regular monthly dues uniformly applicable to members of KBEA. 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 KBEA. *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 1-800-478-9991 to stop receiving messages or for more information.

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)

- 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 _____

- Text
- Email
- Voice Call
- Worksite Meeting
- Mail
- Other _____
- Do Not Contact

**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	<u>X</u> _____ Signature
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Designation of Beneficiary for Accidental Death and Dismemberment Policy

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

Name and Address of Beneficiary

_____ City	_____ State	_____ Zip Code
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<u>X</u> _____ Signature	_____ Date
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(Required)