

Juneau Education Support Staff & Alaska Public Employees Association/AFT Membership Form

Please Fill Out Completely & Clearly

Employee ID#	Last Name	First Name	M.I

Mailing Address _____ City _____ State _____ Zip _____

Cell (____) _____ Home Email _____

Primary Worksite _____

Work Telephone (____) _____ Work Email _____

Employment status:

Permanent Full Time

Permanent Part-Time (hrs per week) _____

Hire/Transfer Date _____

MEMBERSHIP AUTHORIZATION: YES! I want to join with my colleagues and become a member of the Juneau Education Support Staff, Local 6096, AFT, AFL-CIO. I hereby request, and voluntarily accept, membership in Local 6096 and I agree to abide by its Constitution and Bylaws. I authorize Local 6096 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

Signature of Employee _____ Date _____

DUES DEDUCTION/CHECKOFF AUTHORIZATION: I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to Local 6096 an amount equal to the regular monthly dues uniformly applicable to members of Local 6096. 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 Local 6096. This authorization shall be automatically renewed and an irrevocable check-off from year to year unless I revoke it in writing, even if I have resigned my membership in Local 6096.

Signature of Employee _____ Date _____

Please contact the APEA Juneau Field Office with questions:

211 Forth St. Suite 306, Juneau, AK 99801 (907) 586-2334, (800) 478-9991, Fax (907) 227-4588

For APEA/AFT use only

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