



**Valdez American Federation of Teachers
Local 3479
Alaska Public Employees Association/AFT
Membership & Fair Share Form**

Employee ID #	Last Name	First Name	M.I.

DUES DEDUCTION CHECKOFF & MEMBERSHIP AUTHORIZATION (PLEASE CHECK ONE)

I elect to join VAFT 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 VAFT 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 VAFT.

I elect to be a Voluntary Fair Share Fee Payer. Deduct representational service fees equal to ninety (90%) percent of regular membership dues, this service fee will pay the cost of union representation and IS NOT a condition of employment. I further authorize the deduction of initiation and assessment fees as determined by the membership. Fair Share Fee Payers are entitled to all the benefits of the contract but no privileges or any union benefits of voting rights of union membership. I authorize voluntary deduction of the monthly representational service fee. 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 VAFT.

I decline membership and I decline to pay any representational fee. I understand that in the event that I require specific individual representational services, I may be required to pay for such services at the rate set by APEA/AFT.

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____ Home Email _____

Job Title _____ Department _____ Division _____ Hire/Transfer 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 mail or fax to APEA/AFT headquarters within 30 days of hire or transfer. If you have any questions please contact us at: State Headquarters/Juneau Field Office: 211 Fourth St., Suite 306, Juneau, AK 99801, (907) 586-2334, (800) 478-9991, Fax 586-5905

For APEA/AFT use only

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