



Alaska Public Employees Association/AFT Supervisory Unit Local 4900 State of Alaska Membership Form



Employee ID #	Last Name	First Name	M.I.

MEMBERSHIP & DUES CHECKOFF PAYROLL DEDUCTION AUTHORIZATION (PLEASE CHECK ONLY ONE)

I elect to join 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 apply or commit to maintain my membership in APEA/AFT, and its successors and assigns (collectively the "Union"), and I agree to abide by its Constitution and Bylaws. Effective immediately, I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to the Union each pay period, regardless of whether I am or remain a member of the Union, dues, initiation fees and assessment costs as determined by the membership, as they may be adjusted periodically by the Union and the membership, and I authorize an annual transfer of three (3) hours of accrued personal leave to the SU Business Leave Cash Bank.* I further authorize my Employer to remit payment on my behalf to the Union on a periodic basis. I understand my decision to pay my dues by way of payroll deduction, as opposed to other means of payment, is voluntary and not a condition of my employment, and I can decline membership without reprisal. This dues deduction authorization shall remain in effect unless I revoke it by providing notice to the Union via U.S. mail (or other method if permitted by the Union's policies) within 15 days before or after (1) the annual anniversary date of this agreement or (2) the termination of the applicable collective bargaining agreement between my Employer and Union ("my window periods"). This authorization will renew automatically from year to year even if I have resigned my membership, unless I revoke it during one of my window periods and as required by the Union's policies. This authorization supersedes any prior dues authorization card I signed.

I elect to be a Voluntary Fair Share Fee Payer. I hereby request and voluntarily authorize my Employer to deduct representational service fees equal to ninety (90%) percent of regular membership dues from my earnings and to pay over to the Union those amounts. This service fee will pay the cost of union representation. I further authorize the deduction of initiation and assessment fees as determined by the membership and an annual transfer of three (3) hours of accrued personal leave to the SU Business Leave Cash Bank.* Fair Share Fee Payers are entitled to all the benefits of the contract but no privileges or any voting rights of Union membership. I further authorize my Employer to remit payment on my behalf to the Union on a periodic basis. I understand my decision to pay fair share fees by way of payroll deduction, as opposed to other means of payment, is voluntary and not a condition of my employment, and I can decline to be a Fair Share Fee Payer without reprisal. This dues deduction authorization shall remain in effect unless I revoke it by providing notice to the Union via U.S. mail (or other method if permitted by the Union's policies) within 15 days before or after (1) the annual anniversary date of this agreement or (2) the termination of the applicable collective bargaining agreement between my Employer and Union ("my window periods"). This authorization will renew automatically from year to year unless I revoke it during one of my window periods and as required by the Union's policies. This authorization supersedes any prior authorization card I signed.

*The SU Business Leave Cash Bank is an asset of the membership and the Union. The Leave Bank is used to compensate Union members for time lost from their regular work schedules to conduct negotiations, Union trainings and conventions, arbitrations and approved activities contributing to the mission and goals of the Union.

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.

Payments to the Union are not deductible as charitable contributions for federal income tax purposes.

By providing my cellular number, I understand the AFT, its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone periodically. AFT will never charge for text message alerts. Carrier message and data rates may apply to such alerts. To stop receiving messages, text STOP

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 email, 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: 151 3rd St., Juneau, AK 99801
(907) 586-2334, (800) 478-9991, Fax 586-5905, membership@apea-aft.org**

For APEA/AFT use only

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

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