



# Seward Public Employees Association (SPEA)

## APEA/AFT Membership Form

Employee # / Member #	Last Name	First Name	M.I.

*Please Fill Out Completely & Clearly*

### **MEMBERSHIP AUTHORIZATION** (Please check only one)

- I elect to join APEA/AFT as a Member with full membership benefits, privileges and voting rights. I hereby request and voluntarily accept membership in the Seward Public Employees Association (SPEA) APEA/AFT. I agree to abide by its Constitution and Bylaws and by the APEA/AFT Constitution and Bylaws. I authorize SPEA [APEA/AFT] to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.
- 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. Fair Share Fee Payers are entitled to all the benefits of the contract but no privileges or any voting rights of union membership. I authorize voluntary deduction of the monthly representational service fee.

### **Dues Deduction/Voluntary Fair Share Fee Authorization:**

I direct my employer to deduct from my pay regular amounts equal to the Union APEA/AFT's membership dues or voluntary fair share fees and to transfer that money to the Union APEA/AFT. I understand that the Union APEA/AFT may periodically adjust the amount. I understand that I may rescind my membership at any time. However, I understand that strong representation requires all represented employees to contribute. Even if I rescind my membership, I agree that the contributions authorized above shall continue and this authorization shall automatically renew annually, irrespective of my membership status, unless and until I submit a timely signed revocation of this authorization. To be timely, a revocation must either follow the procedures in my Union contract, or be mailed to an APEA/AFT regional office, postmarked within the 30-day enrollment adjustment period prior to the annual anniversary of the date I sign below. Amounts paid to the Union are not tax-deductible as charitable contributions, but may be deductible under other tax provisions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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)

*Please complete form and email to [membership@apea-aft.org](mailto:membership@apea-aft.org), fax to 907-586-5905 or mail to  
APEA/AFT 151 3<sup>rd</sup> Street, Juneau, AK 99801 within 30 days of hire or transfer.*

**☎ If you have any questions please contact your local Field Office. ☎**

**State Headquarters/Juneau Field Office:** 151 3<sup>rd</sup> St., Juneau, AK 99801, (907) 586-2334, (800) 478-9991, Fax 586-5905  
**Anchorage Field Office:** 3310 Arctic Blvd. Ste 200 Anchorage, AK 99503 (907) 274-1688, (800) 478-9992, Fax (907) 277-4588  
**Fairbanks Field Office:** 825 College Road, Fairbanks, AK 99701 (907) 456-5412, (800) 478-9993, Fax (907) 456-7478