



Alaska Public Employees Association/AFT Membership Form

Social Security/Member #	Last Name	First Name	M.I.

Please Fill Out Completely & Clearly

DUES DEDUCTION CHECKOFF & MEMBERSHIP AUTHORIZATION (Please check 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 request and voluntarily authorize my employer to deduct from my earnings and to pay over to APEA/AFT dues and initiation fees as determined by the membership according to the Constitution. 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 APEA/AFT during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement, or the date of termination of the applicable contract between the employer and APEA/AFT, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in APEA/AFT.
- 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.
- 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)

I am joining the following APEA/AFT Bargaining Unit (Please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> AK Housing Maint. & Custodians | <input type="checkbox"/> Fairbanks North Star Borough | <input type="checkbox"/> Petersburg Dist. Support Personnel |
| <input type="checkbox"/> Anchorage Council of Education | <input type="checkbox"/> Juneau Education Support Staff | <input type="checkbox"/> City of Seward |
| <input type="checkbox"/> City of Bethel | <input type="checkbox"/> Juneau Mental Health Professionals | <input type="checkbox"/> United Special Education Service |
| <input type="checkbox"/> City of Fairbanks | <input type="checkbox"/> Kenai Peninsula Borough | |
| <input type="checkbox"/> City of Nome | <input type="checkbox"/> Ketchikan Gateway Borough | |
| <input type="checkbox"/> Petersburg Borough | <input type="checkbox"/> Nome Joint Utilities | |

Signature of Employee _____ Date _____

Please complete form and email to membership@apea-aft.org, fax to 907-586-5905 or mail to APEA/AFT 211 4TH St, Ste 306 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: 211 Fourth St., Ste 306, 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

For APEA/AFT use only

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