



Payroll Deduction Authorization and Maintenance of Dues Card

YES! I WANT TO BECOME A MEMBER-IN-GOOD-STANDING OF THE WASHINGTON PUBLIC EMPLOYEES ASSOCIATION/UNITED FOOD AND COMMERCIAL WORKERS LOCAL 365 AND JOIN TOGETHER WITH MY COWORKERS TO IMPROVE WAGES, BENEFITS, AND WORKING CONDITIONS.

Step 1: Member Information

Member Information

Full Name:

Last *First* *M.I*

Home Address:

Street Address *Apt/Unit #*

City *State* *Zip Code*

Mailing Address

(If different from home):

Address *Apt/Unit#*

City *State* *Zip Code*

Home Phone:

_____ Cell Phone*: _____

Email:

Birth Date:

_____ Gender: _____

Step 2: Work Information

Work Information

Job Classification:

_____ Employer: _____

Employee ID#:

_____ Hire Date: _____

Work Location:

_____ Department: _____

Work Phone:

_____ Work Email: _____

Signature: _____

Date: _____

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, the amount of dues as set in accordance with the WPEA/UFCW 365 Constitution and By-Laws and authorize my Employer to remit such amount semi-monthly to the Union (currently 1.25% of gross base pay, not to exceed the set maximum) plus the International per capita fees. This amount may be adjusted from time to time, in accordance with the UFCW Constitution or the WPEA Bylaws and Policies. This voluntary authorization and assignment shall be irrevocable for a period of one year from the date of execution or until the termination date of the collective bargaining agreement (if there is one) between the Employer and the Union, whichever occurs sooner, and for year to year thereafter unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than twenty (20) days before the end of any yearly period, regardless of whether I am or remain a member of the Union, unless I am no longer in active pay status in a WPEA bargaining unit; provided however, if the applicable collective-bargaining agreement specifies a longer or different revocation period, then only that period shall apply. This card supersedes any prior check-off authorization card I signed. I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment

*By providing my cell phone number, I understand that the Union may send me text messages. The Union will never charge for text messages; carrier message and data rates may apply to such texts.

Dues/fees, contributions, or gifts to WPEA are not tax-deductible as charitable contributions for federal income tax purposes. However, they may be tax-deductible under other provisions of the Internal Revenue Code. I also understand that it is my responsibility to notify WPEA if my employment status changes and I am no longer covered by a WPEA collective bargaining agreement.

WASHINGTON PUBLIC EMPLOYEES ASSOCIATION
UFCW LOCAL 365
PO BOX 7159
OLYMPIA, WA 98507-9994

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS MAIL REPLY
First-Class Mail Permit No. 216001 Olympia, WA

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IN THE UNITED STATES**