



# Membership Application and Payroll Deduction Authorization

## 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\*:

Personal Email:

Work Phone:

Gender:

Employer:

## Membership Authorization

**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.**

I hereby request and voluntarily accept membership in WPEA and authorize WPEA to collectively bargain on my behalf with my employer with respect to my wages, benefits, and other terms and conditions of employment. By accepting the benefits and obligations of membership in WPEA, I agree to be bound by UFCW's Constitution and WPEA's By-Laws, as periodically amended. My membership in WPEA shall be continuous unless I resign my membership by sending notice of my resignation to WPEA by U.S. mail. This membership authorization shall remain valid and effective if I separate from my employer and become employed by another employer subject to a collective bargaining agreement with WPEA or if I am re-employed by the same employer. I acknowledge that union membership is voluntary and not a condition of employment and that I can decline to join without facing reprisal. \*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.

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

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

## Payroll Deduction Authorization

Effective immediately, I hereby voluntarily authorize and direct my employer, each pay period, to deduct from my pay the amount of dues required by the UFCW Constitution and WPEA By-Laws and authorize my employer to remit such amount semi-monthly to WPEA, plus the International per capita fees. This amount may be adjusted from time to time, in accordance with the UFCW Constitution or the WPEA By-laws and Policies. This voluntary authorization and assignment shall remain in effect and automatically renew on an annual basis unless I revoke it by providing written notice to WPEA via U.S. mail not less than ten (10) days and not more than thirty one (31) days before (1) the annual anniversary date of this agreement or (2) the termination of the applicable collective bargaining agreement between my employer and WPEA, provided however, that if the applicable collective-bargaining agreement specifies a longer or different revocation period, then only that period shall apply. The renewal of this authorization shall not depend on whether I am or remain a member of WPEA, unless I am no longer in active pay status in a WPEA bargaining unit. 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, and I can decline to authorize automatic dues deduction without facing reprisal.

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

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



UFCW LOCAL 365  
 WASHINGTON PUBLIC EMPLOYEES ASSOCIATION  
 140 PERCIVAL ST NW STE A  
 OLYMPIA WA 98502-9901

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO. 216 OLYMPIA, WA



NO POSTAGE  
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 IN THE  
 UNITED STATES

