



# HIGHER ED MEMBERSHIP APPLICATION

Effective immediately, yes, I want to join with my fellow employees and become a member of SEIU Local 509. I request and voluntarily accept membership in Local 509. This means I will receive the benefits and abide by the obligations of membership set forth in the Constitutions and Bylaws of both Local 509 and the Service Employees International Union ("SEIU"). I authorize Local 509 to act as my representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer, and as my exclusive representative where authorized by law. I know that membership in the union is voluntary and is not a condition of my employment, and that I can decline to join without reprisal.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

College/University: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Employment Type:  Adjunct/Part-Time  Full-Time  Grad Student

Yes, please send me important updates and reminders.\*

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

## DUES CHECK-OFF AUTHORIZATION

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 request and voluntarily authorize my Employer to deduct from my earnings and to remit to SEIU Local 509 an amount equal to the membership dues established or revised by SEIU Local 509 in accordance with the SEIU Local 509 Constitution and Bylaws. If for any reason my Employer fails to make a deduction, I authorize the Employer to make such deduction in the subsequent payroll period. SEIU is authorized to deposit this authorization with my current Employer(s) and with any other Employer(s) under contract with SEIU Local 509 in the event I change Employer or obtain additional employment--and is authorized to redeposit this authorization with any Employer under contract with Local 509 if my employment with that Employer terminates and I am later rehired. This authorization shall remain in effect unless I revoke it by sending written notice via U.S. mail to SEIU Local 509 during the period two weeks before or within one week after either (1) the one year anniversary date of signing this agreement, or (2) the date of termination of the applicable collective bargaining agreement between the Employer and SEIU Local 509. This authorization shall be automatically renewed from year to year unless I revoke it in writing during one of these window periods, even if I have resigned my membership. This authorization is voluntary and not a condition of my employment, and I can decline to agree to it without reprisal. I understand that all members benefit from everyone's commitments because they help to build a strong union that is able to plan for the future.

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

## SIGN ME UP FOR THE SEIU 509 COPE FUND

I hereby authorize SEIU Local 509 to file this payroll deduction form on my behalf with my employer to withhold:

\$5  \$10  \$15  \$20  \$25  \$30  \$35  \$40 per month, or  Add \$5 per month to my current contribution up to a maximum of \$40 per month.

Forward that amount to the SEIU Local 509 Committee on Political Education (COPE), 293 Boston Road West, 4th Floor, Marlborough, MA 01752. This authorization is made voluntarily based on my specific understanding that (1) the signing of this authorization form and the making of these voluntary contributions are not conditions of my employment or membership in any union; (2) I may refuse to contribute without any reprisal; (3) the amount of the monthly contribution is only a suggestion, and I may contribute more or less without fear of favor or disadvantage from SEIU Local 509 or my employer; and (4) the SEIU Local 509 COPE uses the money it receives for political purposes, including but not limited to making contributions to and expenditures on behalf of candidates for federal, state, and local offices, including federal PACs, subject to applicable limits. Addressing political issues of public importance. I understand that contributions to the SEIU Local 509 COPE are not deductible as charitable contributions for federal or state income tax purposes, and that state law requires SEIU Local 509 to use its best effort to collect and report the name, mailing address, occupation, and employer of individuals whose contributions exceed \$200 in a calendar year. This authorization shall remain in full force and effect until revoked by me in writing to SEIU Local 509.

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

Membership in The Massachusetts Union for Human Service Workers and Educators - SEIU Local 509 - is without regard to race, color, gender, sexual orientation, age, disability, religion, national origin, political belief or affiliation. SEIU Local 509 does not require any payment of dues or fees until a first contract is in effect. Union dues, contributions or gifts to SEIU Local 509 are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. \*By providing my phone number, I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.