



University Health Professionals Union Local 3837 AFT Connecticut AFL-CIO

MEMBERSHIP AUTHORIZATION & DUES DEDUCTION/CHECKOFF AUTHORIZATION FORM

MEMBERSHIP AUTHORIZATION: YES! I want to join with my colleagues and become a member of, Local 3837 AFT Connecticut, AFT, AFL-CIO. I hereby request and voluntarily accept membership in Local 3837 and I agree to abide by its Constitution and Bylaws. I authorize Local 3837 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

SIGNATURE

DATE

DUES DEDUCTION/CHECKOFF 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 hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to Local 3837 an amount equal to the regular monthly dues uniformly applicable to members of Local 3837 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 Local 3837 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 Local 3837, 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 Local 3837.

SIGNATURE

DATE

FIRST NAME

LAST NAME

EMPLOYEE DATE OF HIRE

Contributions or gifts to Local 3837 are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

THIS PORTION IS FOR THE UNION'S USE ONLY

University Health Professionals Union Local 3837 AFT Connecticut AFL-CIO

FIRST NAME

LAST NAME

PERSONAL E-MAIL ADDRESS

CELL PHONE*

PHONE (DAY)

PHONE (EVE)

WORKSITE/JOB TITLE

HOME ADDRESS

CITY

STATE/ZIP

**By providing my phone number, I understand the American Federation of Teachers, AFT, AFL-CIO, its Local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. AFT will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 69238 to stop receiving messages. Text HELP to 69238 for more information.*