

Pratt Workers United Membership and Authorization Card

YES! I want to join our union so we can win respect, better wages and a voice on the job.

First Name _____ M.I. _____

Last Name _____

Address _____

Address 2 _____

City _____ State _____ ZIP Code _____

Employer _____

Date of Hire (mm/dd/yyyy) ____ / ____ / ____

Job Title _____

Department _____

Library Branch _____

Personal Email _____

Cell Phone* _____

*By providing my cell phone number I consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. My carrier's rates may apply. I may modify my preferences by calling the Union at 410-837-7278 or emailing the Union at info@afscme67.org.



I hereby apply for membership in the American Federation of State, County and Municipal Employees, AFSCME Council 67, AFL-CIO, and its successor or assign (hereafter the "Union") and I agree to abide by its Constitution and Bylaws. I authorize the Union to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my Employer.

Upon ratification of the first collective-bargaining agreement between the Union and my Employer, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union, the amount of dues certified by the Union, and as they may be adjusted periodically by the Union, and to authorize my Employer to remit such amount monthly to the Union.

This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of execution, and for year to year thereafter unless I give the Employer written notice of termination at least thirty (30) days prior to the anniversary date. I will also give a copy of the notice of termination to the Union. 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.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, state law may extend favored tax treatment.



Signature

Date (mm/dd/yy)

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