

UECW_400

New YORK STATE UNITED TEACHERS Affiliated with AFT • NEA • AFL-CIO					
First Name	M.I.	Last Name)	Su	ffix
Preferred Name	Gender			Date of Birth	
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Address				Apt #	
City			State	ZIP	
Preferred Phone		Alternate	Phone		
		FIG-11 F	1Home □Work		
□ Cell □ Home □ Work Personal Email Address		L Cell L	Indille LI Work		
Personal Email Address					
To help your union better se	erve you	u, please	check all that	apply:	
Our union advocates for condit quality professionals. Which of	ions and these are	programs to	hat attract and rested in learning i	etain the highes	t
☐ Compensation and Contracts ☐ Student Debt Management ☐ Financial Planning / Stretching Y ☐ Pension and Retirement Benefit	our Paych	□ Pro □ Hea neck □ Mer	fessional Rights a alth Insurance mber Discount Pro litional Insurance	nd Responsibiliti	es
Our union provides resources a How can we support you in you			embers in their o	areers.	
☐ Student Behavior & Classroom ☐ Curriculum Assistance ☐ Access to Career Mentors ☐ Interacting with Parents	Managemo	□Hea	aluation and Obser alth and Safety tification Question ntinuing Education	s	
					NI

By my signature, I request and accept membership in the local organization named above, the New York State United Teachers ("NYSUT") and its national affiliates, the National Education Association ("NEA"), American Federation of Teachers ("AFT"), and the American Federation of Labor-Congress of Industrial Organizations ("AFL-CIO"), where applicable. I accept the rights, responsibilities, and benefits of union membership. I acknowledge and understand that I have the right to withdraw my membership at any time.

By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the local organization named above and remit that amount to the local organization.

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by sending a written, signed notice of revocation via U.S. mail to the union between the window period of Aug. 1-31 or another window period specified in a collective bargaining agreement.

By my signature, I also consent to receive autodialed and/or prerecorded calls and/or text messages from or on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union at the telephone numbers provided, including my wireless number, if applicable. The scope of this consent relates to any purpose for which any of the above entities may call. I understand that this consent is NOT a condition of my membership in NYSUT, its national affiliates, or the local organization named above.

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses or on other bases expressly provided by state or federal law, such as New York State Tax Law section 615(d)(5).

Signature	Date Signed
	I = I

TO BE COMPLETED BY LOCAL

□ New Mem	ber	□Transf	er
NYSUT Member ID (leave blank if new mem		Dues S	tart Date
Local Name			1
Loodi Namo			
Local Number			
Unit	Buil	ding Nam	ne/Code
Membership Cate □ Full Dues (\$34,000 □ Split Dues □ 3/4 Dues (\$25,500 □ 1/2 Dues (\$17,000 □ 1/4 Dues (\$8,500 - □ 1/8 Dues (<\$8,499 □ Per-Diem Sub (9)	- \$33 - \$25 - \$16,	3,999) (7) 5,499) (2)	l Salary)
Job Type/Descri	ptio	n	

University/College

Academic
☐ Tenure Track (V)
☐ Full-time Non-Tenure (X)
☐ Adjunct (W)
☐ Other (9)
Professional
☐ Library/Media Specialist (J)
☐ Office Staff (7)
☐ Technology Support (G)
☐ Other (9)

Hospital/Health Care Facility

☐ LPN or Tech (D)
□ Psychologist (M)
☐ Aide (3)
☐ Security (N)
☐ Maintenance/Custodial/Building/Grounds (4)
□RN (C)
□ LPN or Tech (D)
☐ Therapist (R)
□ Other (9)

Learning Center/School

☐ Admin. Support/Clerical (7)
☐ Building/Grounds (4)
□ Nurse (C)
☐ Psychologist (M)
☐ Social Worker (O)
☐ Teacher (1)
☐ Teaching Assistant (2)
☐ Aide or Monitor (3)
☐ Other (9)



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First Name	M.I.	Last	Nam	Э		Suffix
	, ally					
Preferred Name	Gende	r			Da	ate of Birth
	□M	OF	Othe	er Decline	d	1 1
Address						Apt #
				Ctete	ZII	
City				State		
Preferred Phone		Alt	ernat	e Phone		
□ Cell □ Home □ Work			Cell [∃Home □Wo	ork	
Personal Email Address						
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To help your union better s	serve ye	ou, pie	ase	спеск ан т	nat app	ory:
Our union advocates for cond quality professionals. Which o	litions an of these a	d progr ire you i	ams (intere	hat attract ar sted in learni	nd retain ing more	the highest about?
☐ Compensation and Contracts ☐ Student Debt Management				fessional Righ	its and R	esponsibilities
☐ Financial Planning / Stretching	Your Pay			mber Discoun	t Progran	ns
☐ Pension and Retirement Benef	fits		□Add	ditional Insurar	nce Optio	ons
Our union provides resources How can we support you in yo			our m	embers in th	eir care	ers.
☐ Student Behavior & Classroom	n Managei	ment		aluation and O		on
☐ Curriculum Assistance ☐ Access to Career Mentors				alth and Safet rtification Que		
☐ Interacting with Parents				ntinuing Educa		
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Signature	Date Signed
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	IPLETE	BY LOCAL
□ New M	ember	□Transfer
NYSUT Membe (leave blank if new n		Dues Start Date
Local Name		
Local Number		
	× * * * * * * * * * * * * * * * * * * *	
Unit	Build	ding Name/Code
1 Sil. 5		San San Garage
		(Annual Salary)
☐ Full Dues (\$34, ☐ Split Dues	000 +) (1)
☐ 3/4 Dues (\$25,	500 - \$33	,999) (7)
□ 1/2 Dues (\$17,0		
☐ 1/4 Dues (\$8,50		199) (5)
☐ 1/8 Dues (<\$8,4		

Hospital/Health Care Facility

LIPN OF Tech (D)
☐ Psychologist (M)
□ Aide (3)
☐ Security (N)
☐ Maintenance/Custodial/Building/Grounds (4)
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Preferred Name Address	Gender	□ Other □ D	eclined	Date of Birth / / Apt #
City		n.	State	ZIP
Preferred Phone	Δ	Alternate Phor	ne	
□ Cell □ Home □ Work Personal Email Address To help your union better s	V.C.		e □Work	apply:
Our union advocates for condit quality professionals. Which of Compensation and Contracts Student Debt Management Pinanciai Planning / Stretching Pension and Retirement Benefit Our union provides resources a How can we support you in you Student Behavior & Classroom Curriculum Assistance Access to Career Mentors Interacting with Parents	tions and prog these are you four Paycheck s and support to ir career?	grams that attuinterested in Profession Health Ins	ract and relation learning manufaction and Program of the relationship in the relation	tain the highest nore about? d Responsibilities grams options areers

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□ New Mem	ber l	□Transfer
NYSUT Member IE (leave blank if new mem		Dues Start Date
Local Name		
Local Number		
Unit	Build	ling Name/Code
E. S. W. Str.		
Membership Cate	gory	(Annual Salary)
☐ Full Dues (\$34,000 ☐ Split Dues ☐ 3/4 Dues (\$25,500 ☐ 1/2 Dues (\$17,000 ☐ 1/4 Dues (\$8.500 - ☐ 1/8 Dues (<\$8.499 ☐ Per-Diem Sub (9)	- \$33, - \$25, - \$16,9	999) (7) 499) (2)
Job Type/Descri	ption	
University/College	2	
Academic		

☐ Other (9)
Professional
☐ Library/Media Specialist (J)
☐ Office Staff (7)
☐ Technology Support (G)
□ Other (9)
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Preferred Name	Gender	□F □Other □[Declined	Date of E	
Address				Apt	#
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□Cell □Home □Work Personal Email Address		□Cell □Hom	e □Work		
To help your union better s	erve you	u, please chec	k all that	apply:	
Our union advocates for condit quality professionals. Which of					
☐ Compensation and Contracts ☐ Student Debt Management ☐ Financial Planning / Stretching \ ☐ Pension and Retirement Benefit	-	☐ Health Instack ☐ Member I	nal Rights ar surance Discount Pro I Insurance (grams	bilities
Our union provides resources a How can we support you in you			rs in their c	areers.	
☐ Student Behavior & Classroom ☐ Curriculum Assistance ☐ Access to Career Mentors ☐ Interacting with Parents	Manageme	☐ Health ar	n and Obser od Safety on Question og Education	s	
			1		

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