



# We're Stronger Together

Join together for a stronger voice in our communities

## 1 Membership Authorization:

**Yes, I want to join with my fellow employees and become a member of PSE SEIU 1948 (PSE).**

I hereby request and voluntarily accept membership in PSE and I agree to abide by its Bylaws and by the Service Employees International Union Constitution and Bylaws. I authorize PSE to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

SIGNATURE

DATE

## 2 Dues Deduction/Checkoff Authorization:

I knowingly and voluntarily authorize membership dues to be withheld from my pay and remitted to PSE SEIU 1948, and it's local affiliate. I understand I have the right to be a non-member and pay an agency fee in lieu of payment of full dues to PSE. 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 PSE SEIU 1948 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 terms of the applicable contract between the employer and PSE SEIU 1948 as defined by RCW 41.56.123, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable monthly dues authorization from year to year unless I revoke it in writing during the window period referenced above, irrespective of my membership in PSE SEIU 1948.

SIGNATURE

DATE

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP

( )

( )

CELL PHONE\*

HOME PHONE

HOME EMAIL

EMPLOYER NAME

BUILDING NAME

HIRE DATE

### JOB CLASSIFICATION:

- Paraeducator     Custodial     Maintenance     Higher Ed     Substitute     Health Services
- Secretarial/Clerical     Transportation     Child Nutrition     Other Services     Technology

\*By providing my phone number, I understand the Service Employees International Union, its local unions, 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.

## 3 COPE

### Hold Politicians Accountable!

Yes! I want to hold politicians accountable to working families and I know we can only do that if we stand together. I hereby authorize my employer to withhold the indicated amount per month to forward to PSE SEIU 1948 as a contribution to SEIU Committee on Political Education ("SEIU COPE"). My signature shows that I agree with the terms below.

\$15     \$10     \$5    Other Amount\$ \_\_\_\_\_

FIRST NAME

LAST NAME

SIGNATURE

DATE

This authorization is made voluntarily based on my specific understanding that: 1) I am not required to sign this form or make voluntary contributions to SEIU COPE as a condition of my employment or membership in the union; 2) I may refuse to contribute without reprisal; 3) Under law, only union members and executive / administrative staff who are U.S. Citizens or lawful permanent residents are eligible to contribute to COPE; 4) The contribution amounts on this form are merely suggestions, and I may contribute more or less by this or other means without fear of favor or disadvantage from SEIU or my employer; 5) SEIU 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 and addressing political issues of public importance. This authorization shall remain in effect until revoked by me in writing via U.S. mail to SEIU.

Contributions or gifts to SEIU COPE are not tax deductible as charitable contributions.

## 4 Yes! Sign me up to strengthen our union:

- Greeter:** Welcome new hires into our union, and share what membership means.
- Advocate:** Be a resource for fellow members, and stand up for livable wages and quality benefits.
- Organizer:** Encourage others to join our union, with the opportunity to speak at orientations to strengthen our union.
- Activist:** Get involved in the political process, and help hold politicians accountable.

*Person responsible for signing up member:*

*(Please print first and last name clearly)*

White: PSE Copy - Yellow: Employer Copy - Pink: Member Copy