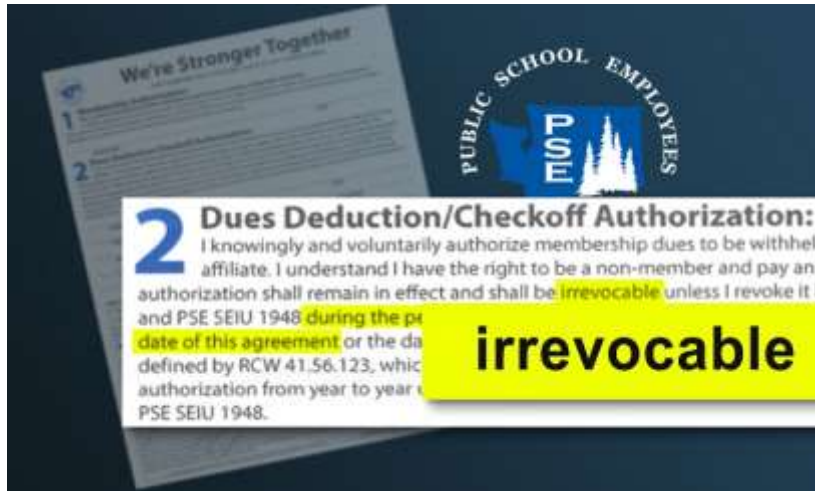
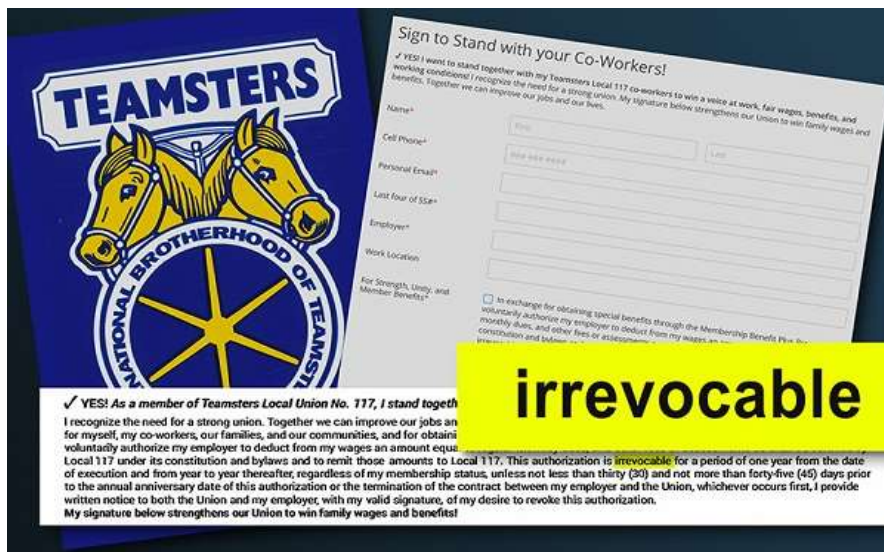




WFSE Hiring for position to recruit members:  
<https://wfse.org/recruitment-member-connection-representative>  
<https://youtu.be/cA6X-aXa7ec>  
 Ten day window on click for payroll deduction authorization  
<https://actionnetwork.org/forms/wfse-member-card>



PSE-SEIU pleased about new law making unauthorized deduction possible  
<http://pseclassified.org/2018/03/improved-union-dues-process/>  
 “New” membership form with 15 day window  
<http://pseclassified.org/wp-content/blogs.dir/70/files/2015/08/2017-MembershipCard-FINAL.pdf>



Teamster's ask for re-join with new card: <https://www.familystrengthcommunity.org/sign>

**UTLA ALL IN 1-2-3**  
Building **POWER** for the Schools LA Students Deserve.

The Schools LA Students Deserve...  
 - Advocating for safe and healthy workplaces  
 - Supporting classroom and other educational activities  
 - Representing Community Schools and other activities  
 - Supporting and protecting professional rights  
 - Organizing representation  
 - Organizing for better jobs

**1** I hereby agree to pay regular monthly dues uniformly applicable to members of UTLA, and (2) request and voluntarily authorize my employer to deduct from my earnings and pay over to UTLA such dues. This agreement to pay dues shall remain in effect and shall be **irrevocable** unless I revoke it by sending written notice via U.S. mail to UTLA during the period not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of this agreement or as otherwise required by law. This agreement shall be automatically renewed from year to year unless I revoke it in writing during the window period, irrespective of my membership in UTLA.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Employee # \_\_\_\_\_ Social Security (Last 4) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

United Teachers Los Angeles' "all in" drive for "recommitting"  
<https://www.utla.net/members/membership-application>

**SEIU Healthcare 1199NW**  
United for Quality Care  
NEW MEMBERSHIP FORM

**Yes! I'm standing with my co-workers**  
Authorization for payroll deduction

I, \_\_\_\_\_ (PRINT FIRST AND LAST NAME)

hereby request and voluntarily authorize my employer to deduct from my wages and to pay SEIU Healthcare 1199NW. I am currently employed prior to the signing of this form. I agree to pay an amount equal to the regular amount of my dues to SEIU Healthcare 1199NW. 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 SEIU 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 SEIU, 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 SEIU.

SEIU 1199 new form  
<https://www.seiu1199nw.org/wp-content/uploads/2017/08/New-Membership-form-2017.pdf>

**AFSCME Council 75/AFL-CIO**  
Union Membership Card/Payroll Deduction Authorization

NAME: Last \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
 State \_\_\_\_\_  
 PHONE: Cell \_\_\_\_\_

**10 DAY limited opt-out window**

**MEMBER SIGNATURE**  
 I hereby apply for membership in Local \_\_\_\_\_ of AFSCME Council 75 and its successor or assign to act as my exclusive representative in my employment with my Employer.  
 Effective immediately, 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 Oregon AFSCME Council 75, and as they may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to Oregon AFSCME Council 75. This voluntary authorization and assignment is irrevocable by providing the Union and my Employer written notice of revocation not less than **ten (10) days** and not more than twenty (20) days before the yearly anniversary of the signing of this membership card, unless an applicable collective bargaining agreement imposes other limitations. The applicable collective bargaining agreement, if there is one, is available for review upon request. 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, they may be tax deductible as ordinary and necessary business expenses.

AFSCME Council 10 new form  
[https://www.oregonafscme.org/membership\\_card/](https://www.oregonafscme.org/membership_card/)

LOCAL 503  
SEIU  
SEIU Local 503, OPEU PO Box 12159 Salem OR 97309-0159

(Please print or type clearly)

DATE OF BIRTH: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

**irrevocable**

I hereby designate SEIU Local 503, OPEU (or any successor organization) as the exclusive representative of my interests in the collective bargaining process and to act on my behalf in all matters relating to the representation of my interests. This authorization is irrevocable for a period of one year from the date of execution and from year to year thereafter unless not less than thirty (30) and not more than forty-five (45) days prior to the end of any annual period or the termination of the contract between my employer and the Union, whichever occurs first. I notify the Union and my employer in writing, with my valid signature, of my desire to revoke this authorization. Union dues may be tax deductible as a work related expense subject to federal and/or State tax rules.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGN HERE TO JOIN**

SEIU 503 new form for “updating your status” with new terms  
<https://seiu503signup.org/>