



Protecting and improving pay, working conditions, worker rights, and member benefits for you is our number one priority. Our power depends on the participation of union members like you standing up for our rights as valuable public service employees. Getting active in our union democracy is one of the most critical rights you have as a member. Let us know how you would like to get involved in our union.

As a union member, I am interested in participating in my Union in the following ways:

- Building power with members age 35 and under (Next Wave).
- Attending worksite/lunchtime trainings on various topics.
- Getting co-workers more involved in workplace actions, events, and current issues.
- Training as a shop steward to help my co-workers.

Connect: [www.oregonafscme.com](http://www.oregonafscme.com)  



### Demographic Information

We have a number of member groups and programs at AFSCME. In order to identify groups or programs you may be interested in, please fill out the information below.

Name: \_\_\_\_\_ Employer \_\_\_\_\_

Are you actively involved in any other organizations? If so, please specify: \_\_\_\_\_

Student loan?  Yes  No If yes, current amount owed: \_\_\_\_\_  Current student?  Veteran?

LGBTQ?  I'd like to receive information via text message. If so, to what number? \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Other language(s) spoken: \_\_\_\_\_

Do you use (check all that apply):  Facebook  LinkedIn  Twitter  Instagram

### Oregon AFSCME Council 75/ AFL-CIO

#### UNION MEMBERSHIP CARD / Payroll Deduction Authorization

**YES!** I choose to be a union member. I support advocating for quality services and good jobs. I understand that by becoming a union member I will make our union stronger to protect jobs, public service employees and the services we provide!

Last 4 of SSN: \_\_\_\_\_ Local No.: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Sex:  Male  Female Birth date: \_\_\_\_\_ Home email: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Class/Title: \_\_\_\_\_ Employee ID no.: \_\_\_\_\_

Worksite: \_\_\_\_\_ Date Hired into Position: \_\_\_\_\_ Shift: \_\_\_\_\_

#### MEMBER SIGNATURE

I hereby apply for membership in Local \_\_\_\_ Oregon AFSCME Council 75 and I agree to abide by its Constitution and Bylaws. By this application, I authorize Oregon AFSCME Council 75 and its successor or assign 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.

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 revocable 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.

#### DATE



### AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION AS A CONTRIBUTION TO PEOPLE (Public Employees Organized to Promote Legislative Equality)

I hereby authorize my employer and associated agencies to deduct each pay period the amount checked below as a voluntary contribution to be remitted to Oregon AFSCME Council 75, to be used for the purpose of making political contributions and expenditures. My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke this authorization at any time by giving written notice to my employer.

Amount: [ ] \$5.00 [ ] **\$8.50 (MVP)** [ ] \$10.00 [ ] \$ \_\_\_\_\_ (other) Pay Periods Per Month: \_\_\_\_\_

For MVPs and above: \*Jacket Size (circle one only) S M L XL 2XL 3XL 4XL 5XL  
\* Subject to qualifying monthly amount

Signature \_\_\_\_\_

Date \_\_\_\_\_

In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions from other persons will be returned. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

