

# MEMBERSHIP APPLICATION AND AUTHORIZATION FOR DUES DEDUCTION

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

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

Cell phone: \_\_\_\_\_

Personal (non-work) email: \_\_\_\_\_

School: \_\_\_\_\_



I hereby request and accept membership in Springfield Federation of Paraprofessionals, Local 4098 and to participate as fully as I can in its activities. I agree to abide by its Constitution and Bylaws. I authorize the union and its successor or assignee 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 authorize and direct my Employer to deduct from my pay each pay period and transmit to Springfield Federation of Paraprofessionals, Local 4098 membership dues in the amount established or revised by the Springfield Federation of Paraprofessionals, Local 4098 in accordance with the Springfield Federation of Paraprofessionals, Local 4098 Constitution and Bylaws. There shall be no change in the amount of dues deducted without 60 days' prior notice by Springfield Federation of Paraprofessionals, Local 4098. If for any reason my Employer fails to make a deduction, I authorize the Employer to make such deduction in the subsequent payroll period.

I recognize that my authorization of dues deduction, and continuation of such authorization from year to year, is voluntary and not a condition of my employment.

In order to comply with the Internal Revenue Service ruling, be advised that your membership dues are not deductible for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses.

Signature \_\_\_\_\_

Date \_\_\_\_\_