

MEMBERSHIP DATABASE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email (non-employer) _____

Birth Date _____ Date of Hire _____

Department _____ Job _____

Title _____

UPI 4100 Chapter _____

Membership Statement: I hereby apply for membership in the Union and agree to abide by its Constitution and Bylaws. I authorize the Union to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with my Employer. My membership in UPI Local 4100 and the Illinois Federation of Teachers (IFT), including any other Local Union which is my exclusive bargaining representative and is affiliated with the IFT, shall be continuous unless I notify my Local President in writing that I intend to resign.

Signature _____ Date _____

Dues Authorization: During my employment, 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, an amount equal to dues certified by the Union, and to remit such amount monthly to UPI Local 4100 each pay period. I understand that signing this card is not a condition of my employment.

Revocation Window: This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of authorization and shall automatically renew from year to year unless I revoke this authorization by sending written notice to the Union by the United States Postal Service postmarked between August 1 and August 31.

IRS Disclaimer: 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.

Telephone Consumer Protection Act Statement: By providing my cell phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts.

Signature _____ Date _____

COPE: Committee on Political Education Payroll Deduction Authorization, State of Illinois

I hereby authorize that the sum of \$2; \$5; \$7.50; \$10; \$15; \$20; other, specify _____ be deducted from each paycheck and that the money be forwarded to the University Professionals of Illinois, Committee on Political Education. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored or disadvantaged because I exercise this right.

I understand that this money will be used to make political contributions by AFT/COPE. This voluntary authorization may be revoked at any time by notifying the Payroll Office of my university and the University Professionals of Illinois Chapter President in writing of the desire to do so.

Signature _____ Date _____