

Membership Application

NJ PUBLIC SECTOR

YES, I wish to benefit as a member of Health Professionals & Allied Employees, AFT/AFL-CIO ("HPAE"), and fully participate in its activities. I authorize HP AE, its agents, representatives, and successors, to act for me as a collective bargaining representative in all matters pertaining to rates of pay, wages, hours of employment, or other conditions of employment. When accepted as a member I agree to be bound by the Constitution and Bylaws of HP AE and of the HP AE Local Union that represents me at my workplace.

Name (Last, First):	Date of Birth:	SSN (Last 4 digits):	
Address:		Employee ID:	
City:	State:	Zip:	
Home #:	Work #:	Cell #:	Receive text messages (Y/N)?
Personal Email:	Work Email:		
Employer:		Date of Hire:	
Job Title:	FT/PT/Per Diem:	Shift:	
Department/Unit:	Campus:		
Building:	Floor:	Room Number:	

AUTHORIZATION OF DUES/FEES: I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay to HP AE an amount equal to regular monthly dues or fees uniformly applicable to members of HP AE-represented bargaining units, and (if owing) a standard initiation fee. This authorization shall remain in effect and shall be irrevocable unless I withdraw this authorization by sending written notice to HP AE and the employer. Said withdrawal shall be effective to halt deductions as of the January 1 or July 1 next succeeding the date on which the notice of withdrawal is filed or, in accordance with the applicable contract between the employer and HP AE, as of the July 1 next succeeding the date on which the notice of withdrawal is filed. This authorization is irrespective of my membership in HP AE and shall be automatically renewed as an irrevocable check-off from year to year unless it is withdrawn in accordance with the above provisions. **Dues, contributions, or gifts to HP AE, AFT/AFL-CIO, may not be deductible for federal income tax purposes; however, dues may be deductible as a business expense.**

COMMITTEE ON POLITICAL EDUCATION (COPE) CONTRIBUTION: YES, I want a voice in governmental decisions on salaries, healthcare, retirement, and other benefits and laws affecting HP AE members. If provided for in the applicable contract, I hereby authorize my employer to deduct from my wages in each pay period the amount designated below and to remit such deduction to the HP AE Committee on Political Education ("COPE"). I understand that this money may be used to make political contributions and expenditures as authorized by the State Executive Council of HP AE in connection with elections for Local, State, and Federal offices. The contribution amounts indicated below are only suggestions and I may choose not to contribute or to vary my contribution amount without reprisal from my Union or my employer. This authorization is made voluntarily and is not a condition of my employment or membership in the Union. This authorization may be revoked or modified at any time by my notification to HP AE in writing. This contribution is in addition to Union dues. **Contributions or gifts to HP AE COPE are not deductible as charitable contributions for federal income tax purposes. Only U.S. citizens or lawful permanent residents are eligible to contribute to HP AE COPE.**

\$2.50/pay period \$5.00/pay period \$10.00/pay period Other: \$ _____ /pay period

SIGNATURE: _____

Date: _____

Are you currently, or have you ever been, an HP AE member at another location? Yes No

If YES, where? _____

PRINT AND RETURN TO:

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FAX 201-262-4335

www.hpae.org
 www.facebook.com/hpae.aft