



MEMBERSHIP ENROLLMENT FORM - 2019
PRIVATE SECTOR

A Union of Professionals
NEW YORK STATE UNITED TEACHERS
Affiliated with AFT • NEA • AFL-CIO



TO BE COMPLETED BY LOCAL

First Name, M.I., Last Name, Suffix, Preferred Name, Gender, Date of Birth, Address, Apt #, City, State, ZIP, Preferred Phone, Alternate Phone, Personal Email Address

NYSUT Member ID #, Dues Start Date, Local Name, Local Number, Unit, Building Name/Code, Membership Category (Annual Salary)

To help your union better serve you, please check all that apply:

Our union advocates for conditions and programs that attract and retain the highest quality professionals. Which of these are you interested in learning more about?
Our union provides resources and support to our members in their careers. How can we support you in your career?

Job Type/Description

University/College, Academic, Professional

Hospital/Health Care Facility

LPN or Tech (D), Psychologist (M), Aide (3), Security (N), Maintenance/Custodial/Building/Grounds (4), RN (C), LPN or Tech (D), Therapist (R), Other (9)

Learning Center/School

Admin. Support/Clerical (7), Building/Grounds (4), Nurse (C), Psychologist (M), Social Worker (O), Teacher (1), Teaching Assistant (2), Aide or Monitor (3), Other (9)

By my signature, I request and accept membership in the local organization named above, the New York State United Teachers ("NYSUT") and its national affiliates...

By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the local organization named above and remit that amount to the local organization.

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization...

By my signature, I also consent to receive autodialed and/or prerecorded calls and/or text messages from or on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union at the telephone numbers provided, including my wireless number, if applicable.

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses or on other bases expressly provided by state or federal law...

Signature, Date Signed



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First Name, M.I., Last Name, Suffix, Preferred Name, Gender, Date of Birth, Address, Apt #, City, State, ZIP, Preferred Phone, Alternate Phone, Personal Email Address

TO BE COMPLETED BY LOCAL

New Member / Transfer, NYSUT Member ID #, Dues Start Date, Local Name, Local Number, Unit, Building Name/Code, Membership Category (Annual Salary)

To help your union better serve you, please check all that apply:

Our union advocates for conditions and programs that attract and retain the highest quality professionals. Which of these are you interested in learning more about?

- Compensation and Contracts, Student Debt Management, Financial Planning / Stretching Your Paycheck, Pension and Retirement Benefits, Professional Rights and Responsibilities, Health Insurance, Member Discount Programs, Additional Insurance Options

Our union provides resources and support to our members in their careers. How can we support you in your career?

- Student Behavior & Classroom Management, Curriculum Assistance, Access to Career Mentors, Interacting with Parents, Evaluation and Observation, Health and Safety, Certification Questions, Continuing Education

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I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses...

Signature, Date Signed

Job Type/Description

University/College

Academic

- Tenure Track (V), Full-time Non-Tenure (X), Adjunct (W), Other (9)

Professional

- Library/Media Specialist (J), Office Staff (7), Technology Support (G), Other (9)

Hospital/Health Care Facility

- LPN or Tech (D), Psychologist (M), Aide (3), Security (N), Maintenance/Custodial/Building/Grounds (4), RN (C), LPN or Tech (D), Therapist (R), Other (9)

Learning Center/School

- Admin. Support/Clerical (7), Building/Grounds (4), Nurse (C), Psychologist (M), Social Worker (O), Teacher (1), Teaching Assistant (2), Aide or Monitor (3), Other (9)



MEMBERSHIP ENROLLMENT FORM - 2019 PRIVATE SECTOR

UFCW 400

A Union of Professionals
NEW YORK STATE UNITED TEACHERS
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First Name, M.I., Last Name, Suffix, Preferred Name, Gender, Date of Birth, Address, Apt #, City, State, ZIP, Preferred Phone, Alternate Phone, Personal Email Address

TO BE COMPLETED BY LOCAL

New Member / Transfer, NYSUT Member ID #, Dues Start Date, Local Name, Local Number, Unit, Building Name/Code, Membership Category (Annual Salary)

To help your union better serve you, please check all that apply:

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- Compensation and Contracts, Student Debt Management, Financial Planning / Stretching Your Paycheck, Pension and Retirement Benefits, Professional Rights and Responsibilities, Health Insurance, Member Discount Programs, Additional Insurance Options

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By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the local organization named above...

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union...

By my signature, I also consent to receive autodialed and/or prerecorded calls and/or text messages from or on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union...

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses...

Signature, Date Signed

Job Type/Description

University/College

- Academic: Tenure Track (V), Full-time Non-Tenure (X), Adjunct (W), Other (9)

- Professional: Library/Media Specialist (J), Office Staff (7), Technology Support (G), Other (9)

Hospital/Health Care Facility

- LPN or Tech (D), Psychologist (M), Aide (3), Security (N), Maintenance/Custodial/Building/Grounds (4), RN (C), LPN or Tech (D), Therapist (R), Other (9)

Learning Center/School

- Admin. Support/Clerical (7), Building/Grounds (4), Nurse (C), Psychologist (M), Social Worker (O), Teacher (1), Teaching Assistant (2), Aide or Monitor (3), Other (9)



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MEMBERSHIP ENROLLMENT FORM - 2019

PRIVATE SECTOR

UJECW 400

First Name _____ M.I. _____ Last Name _____ Suffix _____

Preferred Name _____ Gender _____ Date of Birth _____
 M F Other Declined / /

Address _____ Apt # _____

City _____ State _____ ZIP _____

Preferred Phone _____ Alternate Phone _____
 Cell Home Work Cell Home Work

Personal Email Address _____

TO BE COMPLETED BY LOCAL

New Member Transfer

NYSUT Member ID # _____ Dues Start Date _____
 (leave blank if new member) / /

Local Name _____

Local Number _____

Unit _____ Building Name/Code _____

Membership Category (Annual Salary)

Full Dues (\$34,000 +) (1)
 Split Dues
 3/4 Dues (\$25,500 - \$33,999) (7)
 1/2 Dues (\$17,000 - \$25,499) (2)
 1/4 Dues (\$8,500 - \$16,999) (5)
 1/8 Dues (<\$8,499) (8)
 Per-Diem Sub (9)

To help your union better serve you, please check all that apply:

Our union advocates for conditions and programs that attract and retain the highest quality professionals. Which of these are you interested in learning more about?

- | | |
|--|---|
| <input type="checkbox"/> Compensation and Contracts | <input type="checkbox"/> Professional Rights and Responsibilities |
| <input type="checkbox"/> Student Debt Management | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Financial Planning / Stretching Your Paycheck | <input type="checkbox"/> Member Discount Programs |
| <input type="checkbox"/> Pension and Retirement Benefits | <input type="checkbox"/> Additional Insurance Options |

Our union provides resources and support to our members in their careers. How can we support you in your career?

- | | |
|--|---|
| <input type="checkbox"/> Student Behavior & Classroom Management | <input type="checkbox"/> Evaluation and Observation |
| <input type="checkbox"/> Curriculum Assistance | <input type="checkbox"/> Health and Safety |
| <input type="checkbox"/> Access to Career Mentors | <input type="checkbox"/> Certification Questions |
| <input type="checkbox"/> Interacting with Parents | <input type="checkbox"/> Continuing Education |

By my signature, I request and accept membership in the local organization named above, the New York State United Teachers ("NYSUT") and its national affiliates, the National Education Association ("NEA"), American Federation of Teachers ("AFT"), and the American Federation of Labor-Congress of Industrial Organizations ("AFL-CIO"), where applicable, I accept the rights, responsibilities, and benefits of union membership. I acknowledge and understand that I have the right to withdraw my membership at any time.

By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the local organization named above and remit that amount to the local organization.

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by sending a written, signed notice of revocation via U.S. mail to the union within the window period of Aug. 1-31 or another window period specified in a collective bargaining agreement.

By my signature, I also consent to receive autodialed and/or prerecorded calls and/or text messages from or on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union at the telephone numbers provided, including my wireless number, if applicable. The scope of this consent relates to any purpose for which any of the above entities may call. I understand that this consent is NOT a condition of my membership in NYSUT, its national affiliates, or the local organization named above.

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses or on other bases expressly provided by state or federal law, such as New York State Tax Law section 615(d)(5).

Job Type/Description

University/College

Academic

- Tenure Track (V)
 Full-time Non-Tenure (X)
 Adjunct (W)
 Other (9) _____

Professional

- Library/Media Specialist (J)
 Office Staff (7)
 Technology Support (G)
 Other (9) _____

Hospital/Health Care Facility

- LPN or Tech (D)
 Psychologist (M)
 Aide (3)
 Security (N)
 Maintenance/Custodial/Building/Grounds (4)
 RN (C)
 LPN or Tech (D)
 Therapist (R)
 Other (9) _____

Learning Center/School

- Admin. Support/Clerical (7)
 Building/Grounds (4)
 Nurse (C)
 Psychologist (M)
 Social Worker (O)
 Teacher (1)
 Teaching Assistant (2)
 Aide or Monitor (3)
 Other (9) _____

Signature _____ Date Signed _____
 / /