



Membership Dues Authorization & COPE Contribution

To become a member, complete the application form and send it to PEF Headquarters by mail at PO Box 12414, Albany, NY 12212-2414, ATTN: MIS, by email at JoinPEF@pef.org, or by fax at (518) 252-4050.

Authorization for Membership Dues Payroll Deduction

| | | | | |
|---------------------------|------------|--|------------|-----------|
| Last Name | | M.I. | First Name | |
| Home Address Street & No. | | Apt | City | State Zip |
| Home Phone | Work Phone | Date of Birth / / | | |
| Email Address | | Phone for Text: (Note: Texting fees may apply) | | |

By providing the information above, you are giving PEF and PEF Membership Benefits Program (PEF MBP) permission to contact you regarding PEF union notices (e.g., PEF ON THE MOVE which provides notices on contract benefits/benefit changes, issues affecting terms and conditions of employment, contract negotiations, as well as PEF MBP benefit updates). You can opt-out of these at any time.

Membership Authorization, Dues Deduction/Checkoff Authorization

Membership Authorization: Yes, I want to join with my fellow employees and become a member of PEF. I hereby request and voluntarily accept membership in PEF and I agree to abide by its Constitution and Bylaws. I authorize PEF to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

| | |
|-----------|----------|
| Signature | Date / / |
|-----------|----------|

Dues Deduction/Checkoff Authorization: I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby request and voluntarily authorize the Comptroller of the State of New York and/or my employer to deduct from my earnings and to pay over to PEF an amount equal to the regular monthly dues uniformly applicable to members of PEF, in the amount certified by PEF in this and succeeding years of my employment. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to PEF during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and PEF, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in PEF.

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|-----------|----------|
| Signature | Date / / |
|-----------|----------|

Send a message to Washington, D.C.

Authorization for Voluntary COPE Payroll Deduction

Committee on Political Education (COPE) is a political action fund for federal elections administered by PEF's parent unions, SEIU and AFT. COPE is a voluntary contribution in addition to your union dues. More than one-third of the NYS budget is funded by the federal government. COPE funds are used to elect labor-friendly candidates and lobby for issues important to organized labor on the federal level.

| | | |
|--|-----------|--------------|
| Amount per pay period | Signature | Today's Date |
| Gold \$20 Silver \$10 Bronze \$5 Other | | / / |

I hereby authorize regular payroll deductions from my earnings in the amount specified hereon as a voluntary contribution to be paid to the Treasurer of PEF COPE, to be used in accordance with applicable federal and state laws for political purposes including, but not limited to, addressing political issues of public importance and contributing to federal elections. My contribution is voluntary, and I understand that: a) it is not required as a condition of employment or membership in the union; b) I may refuse to contribute without reprisal; c) I may revoke this authorization at any time by giving written notice to the Treasurer of PEF COPE and/or my payroll office, such revocation being effective when accepted into the employer's payroll system. This authorization supersedes all previous authorizations. Only union members and executive/administrative staff of this union who are U.S. citizens or lawful permanent residents are eligible to contribute to PEF COPE, the contribution amounts on this form are merely suggestions. I may contribute more or less by this or some other means without fear or favor of disadvantage from the union. A copy of the New York State Public Employees Federation COPE report is filed with the Federal Election Commission and is available for purchase from the Election Commission, Washington, D.C. Copies of these reports are also on file with the New York State Board of Elections, Albany, New York. Contributions to PEF COPE are not deductible as charitable contributions for federal income tax purposes.