



## MEMBERSHIP AUTHORIZATIONS & DUES DEDUCTION/CHECKOFF AUTHORIZATION FORM

**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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**↓ PLEASE FILL OUT THIS INFORMATION BELOW ↓**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
NON WORK E-MAIL ADDRESS

\_\_\_\_\_  
CELL PHONE\*

\_\_\_\_\_  
PHONE (DAY)

\_\_\_\_\_  
PHONE (EVE)

\_\_\_\_\_  
WORKSITE/JOB TITLE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/ZIP

*\*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.*