



New York State Public Employees Federation, AFL-CIO

PEF Membership Application and Dues Payroll Deduction Authorization



TO BECOME A MEMBER ...

Complete this application form and mail it to PEF Headquarters, PO Box 12414, Albany, NY 12212-2414, ATTN: MIS.

Please print LEGIBLY:

Last Name

First Name

M.I.

First Line Street Address

Second Line Street Address

City

State

Zip Code

(____) _____ - _____
Home Telephone No.

(____) _____ - _____
Work Telephone No.

____/____/_____
Date of Birth (MM / DD / YYYY)

PEF Online Information

- Get valuable updates via email or text message
- **IMPORTANT:** Personal emails are required due to New York State restrictions on the use of work emails.

Email Address (please print) _____ @ _____

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.

Check every activity in which you might participate:

- | | |
|--|---|
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Letter Writing |
| <input type="checkbox"/> Contract Solidarity | <input type="checkbox"/> Division Membership Meetings |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Welcome Committee |
| <input type="checkbox"/> Member Mobilizer | <input type="checkbox"/> Other: _____ |

You can apply online @ www.pef.org/join-pef/

OR you can send this form by

Fax to: 518-252-4050

Email to: JoinPEF@pef.org

Mail to: Membership Information Services

New York State Public Employees Federation

PO Box 12414

Albany, NY 12214-5551

Additional Information

- Have you received an orientation to PEF?
 No Yes – when (date): _____
- Have you served in the U.S. Military? No Yes

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.

SIGNATURE

DATE