UPTE-CWA Membership Application

To join UPTE-CWA, fill out the top part of this form and sign in the lower right hand corner on the form below. Mail to: Mable Amador, UPTE Local 1663, 1907 Central Ave., Suite 209, Los Alamos, NM 87544
Send via LANL Inter-Office Mail to: Cathy Chapman, MS H838

DUES RATES: Dues are a flat rate of $20 per month.

I hereby apply for membership in and designate UPTE-CWA as my duly chosen and authorized representative on all matters relating to my employment and in order to promote and protect my economic welfare.

NAME

HOME ADDRESS

CITY/STATE/ZIP

CAMPUS

DEPARTMENT

JOB TITLE

EMPLOYEE NUMBER (if different than above)

( ) HOME PHONE ( ) WORK PHONE

HOME EMAIL WORK EMAIL

ACTUAL WORK LOCATION

NAME OF PERSON WHO ASKED ME TO JOIN (if applicable)

EMPLOYEE ORGANIZATION MEMBERSHIP
PAYROLL DEDUCTION AUTHORIZATION
UPAY 669 (R7/87)

PLEASE PRINT OR TYPE

CAMPUS	LOC	EMPLOYEE I.D.	DATE

ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING: DATE

LAST NAME, FIRST, MIDDLE INITIAL

DEPARTMENT EMPLOYED AT U.C.

TITLE AT U.C.

ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER)
UPTE-CWA 9119

MONTHLY DEDUCTION

	ENROLL	CANCEL	CURRENT AMOUNT
DUES	XXX		
CWA COPE*			0
OTHER			
TOTAL			

*UPTE-CWA Committee on Political Education contribution. Our ability to influence legislators has greatly benefitted UPTE. The money we use to support labor-friendly candidates comes from this contribution. We do not use our dues money to support candidates. Fill in any fixed amount to be deducted on a monthly basis.

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.
I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTION AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.
The University will remit the amount deducted to the official designated by the organization.
This authorization shall remain in effect until revoked by me - allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof -- or until another employee organization becomes my exclusive representative.
It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect.
This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made.
Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE	DATE

For university use only

TRAN CODE	EMPLOYEE ID NO.	DATE	ELEMENT NO.	BAL CD	AMOUNT
1 2	4 12	13 18 MO DY YR	19 22	23	23 30
X1		. .	6	G	. . . . .
X1		. .	6	G	. . . . .
X1		. .	6	G	. . . . .