



MEMBERSHIP APPLICATION



MAINE STATE EMPLOYEES ASSOCIATION
LOCAL 1989, SERVICE EMPLOYEES INTERNATIONAL UNION

MEMBERSHIP AUTHORIZATION: By signing below, I accept MSEA-SEIU Local 1989's offer of membership. This means that I will receive the benefits and abide by the obligations of membership as set forth in the Constitution and By-Laws of MSEA, and I authorize MSEA to act as my representative in collective bargaining over wages, benefits, and other terms and conditions of employment and as my exclusive representative where authorized by law. I know that membership in the union is voluntary and not a condition of employment, and that I can decline to join without fear of reprisal.

Signature of Employee: _____ Date: _____

DUES DEDUCTION AUTHORIZATION: By signing below, I hereby request and authorize my employer to deduct from my earnings and to pay to MSEA an amount equal to the periodic dues uniformly applicable to members of the Union in my bargaining unit. Dues amounts may change from time to time in accordance with the requirements of the Union's Constitution and Bylaws. This authorization shall remain in effect unless I revoke it by sending signed written notice to the Union and my employer during the periods not less than 30 days and not more than 45 days before either (1) the annual anniversary date of this agreement, or (2) the date of termination of the applicable collective bargaining agreement between the employer and the Union. This authorization is voluntary and is not a condition of my employment, and I can decline to agree to it without reprisal. I understand that all union members benefit from everyone's commitments because they help to build a strong union that is able to plan for the future. Authorization also ensures that I will be considered current in my dues throughout the duration of the authorization.

Signature of Employee: _____ Date: _____

Contributions or gifts to MSEA are not tax deductible as charitable contributions.

I understand that MSEA relies in part upon my self-reporting of hours in order to ensure that the correct dues amounts are deducted. Accordingly, I certify that I am regularly scheduled to work:

- FULL TIME (Over 32 hours) PART TIME (32 hours or less) PART TIME (16 hours or less)
Upon my retirement I hereby authorize the MainePERS to deduct from my pension a monthly amount as dues for retired members.

Name: Last Name (Please Print) First Name Middle Initial Social Security # (last four):

Home Mailing Address: Street, PO Box City or Town Zip County

City/Town in Which You Are Registered To Vote:

Home E-Mail Address:

Work E-Mail Address:

Date of Birth: Work Phone:

Home Phone: Cell Phone*:

* By providing my cell phone number, I understand that MSEA and MSEA-affiliated organizations and partners may use automated calling technologies and/or text me at that number on a periodic basis to provide me timely and important information. MSEA will never charge for text message alerts. Carrier message and data rates may apply. Text STOP in response to any message to stop receiving text messages.

Employer Dept:

Job Class/Title:

Physical Work Address: Street City/Town Bldg. Floor

Date of Hire:

Yes! I want to Join Leaders in Action

- Worksite Leader: Spread the word about worker issues and union activities.
Member Recruitment: Welcome new members to your Union.
Legislative Activist: Advocate for your job, benefits and retirement.
Steward: Be an advocate for your coworkers.

REVISED: 6-2019

Please return to: Maine State Employees Association
65 State Street
Augusta, ME 04330
Phone: 622-3151 or 1-800-452-8794
Fax: 623-4916
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Website: www.mseaseiu.org