Maine Service Employees Association, SEIU Local 1989

2026 Membership Application

Contact information

please print clearly

First Name | Middle Initial | Last Name

Mailing Address | City | State | Zip code

Personal email | Cellular phone

Name of employer | Name of Department (if applicable) | Work address

By providing my phone number, I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 721721 to stop receiving messages. Text HELP to 721721 for more information.

YES I WANT TO JOIN WITH MY CO-WORKERS!

I request and voluntarily accept membership in MSEA SEIU Local 1989 and its successors or assigns (collectively "Local 1989") This means I will receive the benefits and abide by the obligations of membership set forth in both MSEA Local 1989's and the Service Employees International Union's Constitutions and Bylaws. I authorize MSEA Local 1989 to act as my representative in collective bargaining over wages, benefits, and other terms/conditions of employment with my employer, and as my exclusive representative where authorized by law. My membership will be continuous, unless I resign by providing notice to MSEA Local 1989 via U.S. mail. I know that union membership is voluntary and not a condition of employment, and that I can decline to join without reprisal.

signature | **today's date**

Payroll Deduction Authorization

By signing below, I 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 period 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.

print

signature | **today's date**