

St. Francis College Adjunct Faculty Union (SFCAFU) — Payroll Deduction Authorization
Local 7965, New York State United Teachers (NYSUT), AFT, NEA, AFL-CIO

I hereby authorize and direct St. Francis College to deduct from my salary and to remit to the Union on my behalf, regular periodic Union membership dues or agency fees in amounts specified by the St. Francis College Adjunct Faculty Union, Local 7965, NYSUT, AFT, NEA, AFL-CIO. This authorization may be revoked by me as of any anniversary date of the Collective Bargaining Agreement by written notice by me of such revocation, received by the College and the Union, by registered mail, return receipt requested, not more than sixty (60) calendar days and not less than ten (10) calendar days before any such anniversary date, or on the termination date of the Collective Bargaining Agreement, by like notice, prior to such termination date, whichever occurs sooner. All employees represented by the St. Francis College Adjunct Faculty Union are required to pay membership dues or agency fees to the Union within thirty (30) calendar days of their employment, or the execution date of the first Collective Bargaining Agreement between the Union and the College, whichever is later, as a condition of their employment at St. Francis College. In the event that the Collective Bargaining Agreement expires and is not extended I understand that the College's obligation to withhold membership dues or agency fees shall terminate.

Signature _____ Date _____
Name _____ SS# _____

TO AUTHORIZE THE AUTOMATIC DEDUCTION OF UNION DUES FILL OUT AND SIGN THE ABOVE

AND... TO BECOME A UNION MEMBER, ALSO FILL OUT AND SIGN BELOW

St. Francis College Adjunct Faculty Union — Membership Application
Local 7965, New York State United Teachers (NYSUT), AFT, NEA, AFL-CIO

I hereby enroll as a member of St. Francis College Adjunct Faculty Union ("SFCAFU"), Local 7965, New York State United Teachers (NYSUT), and its national affiliates, National Education Association (NEA), and the American Federation of Teachers (AFT), AFL-CIO. I understand that my membership will become effective on the first day of the month indicated on the signed enrollment form, is continuous, and carries over automatically from year to year.

*Upon implementation of the first collective bargaining agreement between the College and the Union, I hereby agree to pay all applicable Union dues in a timely manner and to abide by the Local's Constitution.

*Union dues are not deductible as charitable contributions for federal income tax purposes. Dues paid, however, may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

*Dues for membership in NYSUT, AFT (AFL-CIO) are as specified in each respective organization's Constitution and Bylaws, and the amounts of dues may be amended from time to time.

*I understand that the benefits of membership include the right to run for and hold Union office, the right to participate in Union governance, the right to vote in Union elections and attend Union meetings, the right to have input regarding collective bargaining proposals, and the right to vote on the ratification of the collective bargaining agreements.

Signature _____ Date _____
Name _____ Job Title/Department _____
(Please print)

Are you a NYSUT/AFT member at another institution? (If yes, where?) _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone (and/or Home Phone) _____ Office Phone _____

Non sfc.edu Email _____ sfc.edu Email _____

You can fax this form to us at 212-989-8154 or mail it to SFCAFU/NYSUT, 339 Lafayette Street, Room 202, NY, NY 10012.
Questions? Please call the Union office at 212-989-3470.



For Office Use Only: DateInput _____ / DateNYSUT _____ / DateInst _____ / Date PA _____ / Memb# _____