



Faculty Coach

MEMBERSHIP APPLICATION/UPDATE rev. 2018
(Circle one)

DATE: _____

NAME: Last First MI PHONE: Home/Cell* Office

HOME ADDRESS: # and Street UNIVERSITY DEPARTMENT

CITY COUNTY STATE ZIP CAMPUS or OTHER UNIVERSITY GENDER
(if branch) (for those who are dually employed) (optional - used for data purposes only)

YES or NO (Circle one) YES or NO

EMAIL (CAMPUS) EMAIL (ALTERNATE) PAST PASSHE UNIVERSITY YEAR APSCUF EMPLOYMENT (Complete only if break in service) MEMBER

With this card and my signature, I request and accept membership in the Association of Pennsylvania State College and University Faculties (“APSCUF”) and I agree to abide by the APSCUF bylaws. I authorize APSCUF to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with Pennsylvania’s State System of Higher Education (STATE SYSTEM).

Effective immediately, I hereby voluntarily authorize and direct the State System to deduct APSCUF membership dues or their equivalent from my pay each pay period, regardless of whether I am or remain a member of APSCUF, the amount of dues certified by APSCUF, and as they may be adjusted periodically by APSCUF. I further authorize the State System to remit such amount monthly to APSCUF.

This voluntary authorization and assignment shall remain in effect, regardless of whether I am or remain a member of APSCUF, for a period of one year from the date of the execution of this authorization or until the termination date of the collective bargaining agreement between the State System and APSCUF, whichever occurs sooner, and for years to come, unless I give the State System and APSCUF written notice of revocation during the fifteen (15) days before the annual anniversary date of this authorization or, during the fifteen (15) days before the date of termination of the appropriate collective bargaining agreement between the State System and APSCUF, whichever occurs sooner.

This authorization shall automatically renew as an irrevocable check-off from year to year unless I revoke it in writing during the revocation period, even if I resigned my membership in APSCUF. This authorization shall be valid while I remain employed by the State System in the APSCUF bargaining unit, unless I notify APSCUF and the State System in writing during the revocation period that this authorization is revoked. I recognize that my agreement for the continuation or automatic renewal of my authorization for dues check-off, even if I have resigned my membership, is voluntary and not a condition of employment. Union dues may be tax deductible as ordinary and necessary business expenses.

* By providing my cell phone number, I understand that APSCUF may use automated calling technologies and/or text message me on my cell phone on a periodic basis. APSCUF will not charge for text message alerts, but carrier message and data rates may apply to such texts. To opt out, follow the instructions provided in such messages, or visit www.APSCUF.org/issues-and-advocacy/negotiations-updates

SIGNATURE **FORM MUST BE PRINTED AND SIGNED WITH PEN**

EMPLOYEE-ID NUMBER



VOLUNTARY CAP PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the State System of Higher Education to deduct from earnings each paycheck, the amount certified below as a voluntary contribution to APSCUF’s political action committee (APSCUF/CAP). My contribution is voluntary and I understand that is not required as a condition of membership in any organization. I understand that contributions to APSCUF/CAP are not deductible as charitable contributions for federal income tax purposes. This authorization shall be valid while I remain in the employ of the State System of Higher Education unless I notify APSCUF and the State System in writing that this authorization is revoked.

PAYROLL DEDUCTION INFORMATION (Please complete all sections.)

NAME (please print) EMPLOYEE-ID #/PERSONNEL # UNIVERSITY

PAYROLL DEDUCTION (per pay period)
+\$2 +\$5 +\$10 +\$20 Other (specify amount: _____) **SIGNATURE** **PRINT & SIGN WITH PEN** DATE

I would like to receive email updates about CAP at this email address: _____

I am interested in the following CAP activities: fundraising events golf outings legislative meet-and-greets