



Membership Application

SEIU Local 503, OPEU PO Box 12159 Salem OR 97309-0159

(Please print or type clearly.)

NAME: _____ DATE OF BIRTH: ____/____/____ MONTH DAY YEAR ETHNICITY: _____ (OPTIONAL)

HOME PHONE: _____ CELL: _____ HOME EMAIL: _____

I WOULD LIKE TO RECEIVE TEXT MESSAGES REGARDING MY UNION. SEIU will never charge you for text message alerts, but carrier message and data rates may apply. Text STOP to 787753 to unsubscribe, and HELP for more info. Periodic updates, up to 5 per month.

RESIDENCE ADDRESS: _____ (REQUIRED) STREET CITY STATE ZIP

MAILING ADDRESS: _____ (IF DIFFERENT FROM RESIDENCE) STREET CITY STATE ZIP

PROVIDE ONE SOCIAL SECURITY NUMBER: _____ EMPLOYEE I.D.#: _____

EMPLOYER/AGENCY: _____ JOB TITLE: _____

WORK ADDRESS: _____ STREET CITY STATE ZIP

WORK EMAIL: _____ WORK PHONE & EXT: _____

WORKSITE/DEPARTMENT: _____ SHIFT: _____ START TIME END TIME (AM/PM options)

HIRE DATE: ____/____/____ MONTH DAY YEAR DAYS OFF: M TU W TH F SAT SUN

I hereby designate SEIU Local 503, OPEU (or any successor Union entity) as my desired collective bargaining agent. I also hereby authorize my employer to deduct from my wages, commencing with the next payroll period, all Union dues and other fees or assessments as shall be certified by SEIU Local 503, OPEU (or any successor Union entity) and to remit those amounts to such Union. This authorization/delegation is unconditional, made in consideration for the cost of representation and other actions in my behalf by the Union and is made irrespective of my membership in the Union. This authorization is irrevocable for a period of one year from the date of execution and from year to year thereafter unless not less than thirty (30) and not more than forty-five (45) days prior to the end of any annual period or the termination of the contract between my employer and the Union, whichever occurs first, I notify the Union and my employer in writing, with my valid signature, of my desire to revoke this authorization. The SEIU Local 503, OPEU Bylaws provide for a contribution as determined from time to time by the member-elected General Council for the benefit of the Union's political action program. You may opt to have this contribution go to the SEIU Local 503, OPEU Scholarship Fund instead of the political action program by checking the box at the right.

Union dues may be tax deductible as a work related expense subject to Federal and/or State tax rules.

SIGN HERE TO JOIN SIGNATURE: _____ DATE: _____

Voluntary SEIU Local 503 Citizen Action for Political Education (CAPE) Check-off

\$10.00/month \$13.00/month \$15.00/month Other \$ _____

This contribution qualifies for the Oregon Political Tax Credit. Single filers are eligible for a credit of up to \$50/year; joint filers up to \$100/year. I hereby authorize my Employer to deduct the designated amount from my monthly earnings as a contribution to SEIU Local 503, OPEU CAPE. My contribution will be used to support member-endorsed candidates and for expenditures in connection with elections for Local, Legislative, Statewide and Federal offices. These elected officials make critical decisions on salaries, healthcare, retirement and other benefits and laws affecting SEIU Local 503, OPEU members. A portion of this contribution (as much as 48% for the average contributor) may be used by SEIU for federal elections. The contribution amounts indicated above are only suggestions and I may choose not to contribute or to vary my contribution amount without reprisal from my Union or my Employer. As per federal law, only union members and union executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPE (the Federal Committee on Political Education). This authorization is made voluntarily and is not a condition of my employment or membership in the union. This authorization shall remain in effect until revoked in writing by me. This contribution is in addition to union dues.

This contribution is not deductible for federal income tax purposes.

SIGN HERE FOR CAPE SIGNATURE: _____ DATE: _____

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