



Union Membership and Dues Card

Employee ID#: _____

Join together for a stronger voice on the job

UMass Lowell employees please submit to Elizabeth_Pellerito@uml.edu electronically

Membership Authorization:

Yes, I want to join with my fellow employees and become a member of SEIU Local 888 ("SEIU"). Effective immediately, I hereby request and accept membership in Service Employees International Union (SEIU) Local 888 - and authorize SEIU Local 888 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment. I agree to be bound by the Constitution and Bylaws of the Service Employees International Union and SEIU Local 888. I understand that in order to establish and maintain membership in good standing, I am obligated to pay dues and assessments as duly adopted by SEIU Local 888.

SIGNATURE REQUIRED

DATE

Dues Deduction/Check-off Authorization: I hereby authorize & direct my employer to deduct from my earnings - & to transmit to Service Employees International Union (SEIU) Local 888 - membership dues in the amount established or revised by SEIU Local 888 in accordance with the SEIU Local 888 Constitution and Bylaws. If for any reason my Employer fails to make a deduction, I authorize the Employer to make such deduction in the subsequent payroll period. SEIU Local 888 is authorized to deposit this authorization with my current Employer(s) & with any other Employer(s) under contract with Local 888 in the event I change Employer or obtain additional employment - and is authorized to redeposit this authorization with any Employer under contract with Local 888 if my employment with that Employer terminates and I am later rehired.

SIGNATURE REQUIRED

DATE

Dues to SEIU are not tax deductible as charitable contributions, however they may be tax deductible. Please consult your tax professional.

Legal Name (*Print*): _____ Birthdate: _____ - - _____ Gender: Male Female

Address (Street, City, State Zip): _____

Personal Email (*Print*): _____ Home Phone: _____

Work Email (*Print*): _____ Work Phone: _____

Best way to reach you: _____ Best Time: _____ Cell Phone*: _____

EMPLOYMENT INFORMATION:

Employer: _____

Department/Work Site: _____

Job Title: _____ Hire Date: _____

**By providing my phone number, I understand the Service Employees International Union, its local unions, 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 787753 to stop receiving messages. Text HELP to 787753 for more information.*

COPA Authorization: Join the Committee on Political Action with COPA.

Yes! I want to defend my benefits and help working families and I know we can only do that if we stand together. I hereby authorize my employer to withhold the indicated amount per week to forward to SEIU Local 888 ("SEIU") as a contribution to SEIU Committee on Political Action ("SEIU COPA"). My signature shows that I agree with the terms below. \$3 \$5 \$9 upgrade my donation\$ _____

FIRST NAME _____ **Last Name** _____

SIGNATURE _____ **Date** _____

This authorization is made voluntarily based on my specific understanding that: 1) I am not required to sign this form or make voluntary contributions to SEIU COPA as a condition of my employment or membership in the union; 2) I may refuse to contribute without reprisal; 3) Under law, only union members and executive / administrative staff who are U.S. Citizens or lawful permanent residents are eligible to contribute to COPA; 4) The contribution amounts on this form are merely suggestions, and I may contribute more or less by this or other means without fear of favor or disadvantage from SEIU or my employer; 5) SEIU COPA uses the money it receives for political purposes – including, but not limited to, making contributions to and expenditures on behalf of candidates for federal, state, and local offices – and addressing political issues of public importance. This authorization shall remain in effect until revoked by me in writing via U.S. mail to SEIU.

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

NEW MEMBER RETIRED MEMBER ASSOCIATE MEMBER CONTACT INFORMATION CHANGE