

UPTE Membership Application

To join UPTE, fill out the top part of this form and sign in the lower right hand corner on the form below. Mail to UPTE, PO Box 4443, Berkeley, CA 94704. If you have questions, please call us at (510) 704-8783.

DUES RATES

If you are covered by a collective bargaining contract (techs, researchers, health care professionals):

If you earn \$30,000 or less: dues are 1.15% of gross salary to a maximum of \$25.

If you earn more than \$30,000: dues are 1.15% of gross salary to a maximum of \$35.

If you are not covered by a collective bargaining contract (staff professionals or LANL employees):

Dues are 1.15% of gross salary to a maximum of \$20.

PLEASE NOTE: even though your pay stub may show a "fair share" contribution to UPTE if you are in a unit covered by an UPTE contract, you are not a *member* of UPTE unless you have filled out and sent in a member application. Being a member entitles you to participate fully in your union, including voting in elections and for contract ratifications.

NAME

HOME ADDRESS

CITY/STATE/ZIP

CAMPUS

DEPARTMENT

JOB TITLE

SOCIAL SECURITY NUMBER

EMPLOYEE NUMBER (if different than above)

() ()

HOME PHONE WORK PHONE

HOME EMAIL WORK EMAIL

ACTUAL WORK LOCATION

NAME OF PERSON WHO ASKED ME TO JOIN (if applicable)



**EMPLOYEE ORGANIZATION MEMBERSHIP
PAYROLL DEDUCTION AUTHORIZATION**
UPAY 669 (R7/87)

**PLEASE
PRINT
OR
TYPE**

	CAMPUS	LOC	EMPLOYEE I.D.	DATE	
ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:				DATE	
MONTHLY DEDUCTION					
LAST NAME, FIRST, MIDDLE INITIAL		ENROLL	CANCEL	CURRENT AMOUNT	
DEPARTMENT EMPLOYED AT U.C.	DUES	XXX			
TITLE AT U.C.	INITIATION FEES			0	
ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER)	GENERAL ASSESSMENT			0	
TOTAL					

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.

I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTION AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.

The University will remit the amount deducted to the official designated by the organization.

This authorization shall remain in effect until revoked by me - allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof -- or until another employee organization becomes my exclusive representative.

It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect.

This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made.

Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE

DATE