

Job Corps Employees Federation Local 6053

Please select your payment option for annual membership dues

CASH (semi-annual or annual dues in full)

Union Membership Application

Submit your completed application to: AFT-West Virginia 1320 Kanawha Blvd. East Charleston, WV 25301

> ___PAYROLL DEDUCTION (12 equal installments*) * 1st pay period of each month

Membership Authorization:

Yes, I want to join with my fellow employees and become a member of AFT Local 6053. Effective immediately, I hereby request and accept membership in Job Corps Employees Federation, AFT Local 6053, and when accepted by AFT, agree to be bound by the Constitution and Bylaws of JCEF and its affiliates. I understand to establish and maintain membership in good standing, I am obligated to pay dues and assessments as duly adopted by JCEF. I may discontinue my union membership at any time by written request to JCEF and AFT-West Virginia.

SIGNATURE REQUIRED

A percentage of membership dues goes to the AFT-WV Committee on Political Education (COPE) for use in local and state political activities. This amount is automatically included in the membership dues: however, the contribution is voluntary. Any member who does not wish to make this voluntary contribution may file a written request to AFT-WV between August 1 and August 31 for a refund of the contribution for the preceding year.

DATE

Name		Last four digits of SSN		Hire Date			-
Mailing Address		City		Sta	te	Zip	_
Home Phone	Mobile Phone	Non-Work B	Email				
Position Title			Status:	full-time	part-time	substitute	

*By providing my phone number, I understand AFT, its local unions and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. AFT will never charge for text message alerts, but your carrier message and data rates may apply to such alerts.

IRS Statement: Dues paid to AFT-West Virginia may not be deductible for Federal Income Tax purposes; however, under limited circumstances, dues may qualify as a business expense. Contributions for AFT-WV COPE are not charitable contributions for federal income tax purposes.

Benefits of belonging: \$1 million professional liability insurance, \$36,250 accidental death & dismemberment insurance (doubles if injury or death is related to your employment), legal defense fund, Workers' Comp attorney discounts, AT&T discounts, auto & home insurance discounts, AFT+ Member Benefits, union events & professional development eligibility, etc.

UNION DUES AUTHORIZATION I WANT TO AUTHORIZE UNION DUES TO BE DEDUCTED FROM MY WAGES.

I, _

(Print Name)

(Print Employee #)

authorize Management & Training Corporation ("the Company") to deduct from my wages an amount equal to the recurring Union dues certified by the American Federation of Teachers and its affiliated Local 6053 ("AFT" or "the Union"), and to pay same to said Union effective and in accordance with the collective bargaining agreement ("CBA") between the Company and the Union. This authorization is subject to the terms of the CBA and shall remain in effect unless and until I revoke my authorization (on the form or a copy of the form below), I am no longer a member of the bargaining unit, until the CBA is terminated, or until the Company no longer provides services at the Charleston Job Corps Center, whichever occurs first.

I certify that the Company did not initiate or encourage my authorization of union dues deduction. I certify that I read and understood the language contained herein.

(Signature) (Date)

UNION DUES REVOCATION

I WANT TO REVOKE MY AUTHORIZATION FOR UNION DUES DEDUCTION FROM MY WAGES.

I, ___

(Print Name)

(Print Employee #)

revoke any and all prior authorizations given to Management & Training Corporation ("the Company") to deduct any and all recurring Union dues. I understand that this revocation may not be implemented until after this current deductions are made.

I understand that the Company makes no representation as to Union membership obligations, Union membership resignation procedures, or Union membership dues obligations, if any, with the Union. I understand that any Union membership terms, conditions, rights and obligations, are a matter between the Union and me and do not involve the Company.

I certify that the Company did not initiate or encourage my revocation of my authorization of union dues deduction. I certify that I read and understood the language contained herein.

(Signature)

(Date)