

Membership Commitment & Dues Payment Authorization

Faculty Alliance of Miami, AAUP, AFT, AFL-CIO



Name _____ Personal Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Date of Hire _____ Worksite _____ Job Title _____ Birth Date _____

Home Address _____ City _____ State _____ Zip _____

Telephone Consumer Protection Act Statement: By providing my cell phone number, I understand that the Faculty Alliance of Miami may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages. FAM will never charge for text message alerts; carrier message and data rates may apply to such texts.

MEMBERSHIP APPLICATION

I agree to be a member of Faculty Alliance of Miami (“FAM”), and agree to abide by its Constitution and Bylaws. I authorize FAM to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with my Employer. My membership in FAM will be continuous unless I notify FAM in writing that I intend to resign.

Signature _____ Date _____

Committee on Political Education (COPE): I hereby voluntarily authorize my employer to deduct from my salary the sum of \$ _____ per pay period and to forward that amount to the Union's Committee on Political Education (COPE). COPE will use the money contributed to make political contributions and expenditures in connection with federal, state, and local elections. This authorization is not a requirement for union membership or employment, and I am signing it freely and voluntarily. This voluntary authorization may be revoked at any time by notifying the Union in writing of my desire to do so.

Contributions to the Union's Committee on Political Education are not deductible as charitable contributions for Federal Income Tax purposes and can be made only by union members who are U.S. Citizens or Legal Permanent Residents.

Signature _____ Date _____

DUES AUTHORIZATION

I hereby agree to pay the annual dues, fees, and assessments established by FAM in consideration for the services FAM provides. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by FAM through payroll deduction unless I revoke this authorization in a signed writing sent to FAM and the employer. Such revocation shall become effective no later than the second pay period following receipt of the revocation by FAM and the employer. I understand that the dues amount may periodically change in accordance with the governing body of FAM and authorize such amounts to be deducted in accordance with this agreement.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Signature _____ Date _____

IRS Disclaimer: Payments to FAM are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.