

# Membership Application

YES, I wish to benefit as a member of Health Professionals & Allied Employees, AFT/AFL-CIO ("HPAE"), and fully participate in its activities. I authorize HPAE, its agents, representatives, and successors, to act for me as a collective bargaining representative in all matters pertaining to rates of pay, wages, hours of employment, or other conditions of employment. When accepted as a member I agree to be bound by the Constitution and Bylaws of HPAE and of the HPAE Local Union that represents me at my workplace.

Name (Last, First):	Date of Birth:	SSN (Last 4 digits):
Address:	Employee ID:	
City:	State:	Zip:
Home #:	Work #:	Cell #: <input type="checkbox"/> Receive text messages (Y/N)?
Personal Email:	Work Email:	
Employer:	Date of Hire:	
Job Title:	FT/PT/Per Diem:	Shift:
Department/Unit:	Campus:	
Building:	Floor:	Room Number:

**AUTHORIZATION OF DUES/FEES:** I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay to HPAE an amount equal to regular monthly dues or fees uniformly applicable to members of HPAE-represented bargaining units, and (if owing) a standard initiation fee. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to HPAE during the period not less than thirty (30) days and not more than forty-five (45) days before (i) the annual anniversary date of this agreement or (ii) the date of termination of the applicable contract between the employer and HPAE, whichever occurs sooner. This authorization is irrespective of my membership in HPAE and shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period. **Dues, contributions, or gifts to HPAE, AFT/AFL-CIO, may not be deductible for federal income tax purposes; however, dues may be deductible as a business expense.**

**COMMITTEE ON POLITICAL EDUCATION (COPE) CONTRIBUTION:**  YES, I want a voice in governmental decisions on salaries, healthcare, retirement, and other benefits and laws affecting HPAE members. If provided for in the applicable contract, I hereby authorize my employer to deduct from my wages in each pay period the amount designated below and to remit such deduction to the HPAE Committee on Political Education ("COPE"). I understand that this money may be used to make political contributions and expenditures as authorized by the State Executive Council of HPAE in connection with elections for Local, State, and Federal offices. The contribution amounts indicated below are only suggestions and I may choose not to contribute or to vary my contribution amount without reprisal from my Union or my employer. This authorization is made voluntarily and is not a condition of my employment or membership in the Union. This authorization may be revoked or modified at any time by my notification to HPAE in writing. This contribution is in addition to Union dues. **Contributions or gifts to HPAE COPE are not deductible as charitable contributions for federal income tax purposes. Only U.S. citizens or lawful permanent residents are eligible to contribute to HPAE COPE.**

\$2.50/pay period       \$5.00/pay period       \$10.00/pay period       Other: \$\_\_\_\_\_ /pay period

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Are you currently, or have you ever been, an HPAE member at another location?  Yes  No

If YES, where? \_\_\_\_\_

**PRINT AND RETURN TO:**



110 Kinderkamack Road  
Emerson, NJ 07630

TEL 201-262-5005  
FAX 201-262-4335

[www.hpae.org](http://www.hpae.org)

 [www.facebook.com/hpae.aft](http://www.facebook.com/hpae.aft)