



Membership Application

2589 Interstate Drive, Harrisburg, PA 17110

Date Received: _____	New Member _____
Date Sent to employer: _____	Fee Payer _____
Processed by: _____	Recommit _____

NAME: _____ EMPLOYER: _____

DATE HIRED: _____ JOB TITLE: _____ DEPARTMENT: _____

PERSONAL E-MAIL: _____ CELL PHONE*: _____ HOME PHONE*: _____

HOME ADDRESS: _____ ZIP: _____

SOCIAL SECURITY NUMBER (Last Four Only): _____ DATE OF BIRTH: _____ Work Site: _____

YES! I want to join my fellow employees and become a member of SEIU Local 668.

I request and accept membership in SEIU Local 668 and I agree to abide by the SEIU Local 668 constitution and by-laws. I authorize SEIU Local 668 to act as my exclusive representative in collective bargaining over wages, benefits and other terms and conditions of employment with my employer. I understand that membership and dues deduction require separate authorizations. I also understand that dues deduction is a requirement for membership in SEIU Local 668 and that my financial obligations to SEIU Local 668 are governed by the provisions below.



_____ **Date:** _____

This voluntary authorization and assignment of dues deduction shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of execution and for year to year thereafter as long as my employment continues, unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than thirty (30) days before the end of any yearly period; provided however, if the applicable collective bargaining agreement specifies a longer period before the revocation window, then only that longer period shall apply. The applicable collective bargaining agreement will be made readily available. I acknowledge that my dues deduction authorization is a contractual agreement between myself, as a bargaining unit employee, and SEIU Local 668, separate from any statutory provisions of Act 195 and is not a condition of employment.



_____ **Date:** _____

Direct Deposit Authorization, Public Sector: I acknowledge that failure to pay my dues on a timely basis may affect my membership standing in the union, as set forth in the SEIU Constitution and Bylaws. In the event my employer ceases payroll deductions, I authorize SEIU Local 668 to bill my designated account at my financial institution, in accordance with the authorization provided below. SEIU Local 668 will notify me of the transition to direct pay at the current mailing address on file with SEIU Local 668 prior to initiating the first payment via checking or savings account as authorized below.

I hereby authorize SEIU Local 668 to initiate a recurring, automatic electronic funds transfer with my financial institution beginning on the date listed in the transition notice provided to me in order to deduct from the account the regular monthly dues and initiation fees uniformly applicable to members of SEIU Local 668.

To facilitate payment of the dues or other contributions from my bank account, I authorize my employer to provide to SEIU's Local 668 designated secure payment processor the information for the bank account (bank account number and routing number) on file with my employer ("Account") that I have designated to receive the proceeds of my paycheck via direct deposit. If my employer makes direct deposit of my paycheck to a checking account and a savings account, I hereby authorize my employer to provide the designated secure payment processor the information for the checking account and for my dues and/or other contributions to be deducted from this account. Contributions to SEIU Local 668 are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

In the case of checking and savings accounts, adjusting entries to correct errors is also authorized. I agree that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This direct deposit authorization shall remain in full effect until I revoke my dues authorization in accordance with applicable provisions set forth above.



_____ **Date:** _____

*By providing my phone number, I understand that SEIU and its locals 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.

Collected by: _____

