



SEIU LOCAL 668 MEMBERSHIP APPLICATION

2589 Interstate Drive, Harrisburg, PA 17110

First Name _____ Middle Initial _____ Last Name _____

Last 4 Social Security # _____ Date of Birth _____ Gender (check one): Male Female

Mailing Address _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

*I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Personal Email _____ (Used to keep members informed of important union business.)

Employer _____ Job Classification/Title _____

Hire Date _____ Work Location _____

By signing below, I acknowledge that I have willingly applied for membership with SEIU Local 668, PSSU.

SIGNATURE _____ **Print Name** _____ **Date** _____

MEMBERSHIP DUES DEDUCTION AUTHORIZATION

I hereby request and voluntarily authorize my employer to deduct an amount equal to the regular monthly dues and fees uniformly applicable to members of SEIU Local 668. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to both the employer and the Union-by registered mail during the period not less than thirty (30) and not more than forty-five (45) days prior to the annual anniversary date of this authorization or the date of termination of the applicable contract between the employer and the Union, whichever occurs sooner, and shall be automatically renewed as an irrevocable check-off from year to year unless revoked as herein provided, irrespective of my membership in the Union.

“Dues, fees and assessments to SEIU Local 668 are not deductible as charitable contributions for federal income tax purposes. Dues paid to SEIU Local 668, however, may qualify as business expenses and may be deductible in limited circumstances, subject to various restrictions imposed by the Internal Revenue Code.”

SIGNATURE _____ **Print Name** _____ **Date** _____

UEU Local #1

NLRB CARD Rev: 01/2018

Date Received: :	Date DA Sent to Employer:	Processed by:
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