



ALASKA PUBLIC EMPLOYEES ASSOC. /AFT CONFIDENTIAL EMPLOYEES ASSOC. LOCAL 6133 MEMBERSHIP FORM

Employee ID #	Last Name	First Name	M.I.

DUES DEDUCTION CHECKOFF & MEMBERSHIP AUTHORIZATION (Please check one)

- I elect to join CEA as a Member with full membership benefits, privileges and voting rights. I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to APEA/AFT dues and initiation fees as determined by the membership according to the Constitution. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. Mail to both the employer and APEA/AFT during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement, or the date of termination of the applicable contract between the employer and APEA/AFT, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in APEA/AFT.
- I elect to be a Voluntary Fair Share Fee Payer. Deduct representational service fees equal to ninety (90%) percent of regular membership dues, this service fee will pay the cost of union representation and IS NOT a condition of employment. Fair Share Fee Payers are entitled to all the benefits of the contract but no privileges or any voting rights of union membership. I authorize voluntary deduction of the monthly representational service fee. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. Mail to both the employer and APEA/AFT during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement, or the date of termination of the applicable contract between the employer and APEA/AFT, whichever occurs sooner.
- I decline membership and I decline to pay any representational fee. I understand that in the event that I require specific individual representational services, I may be required to pay for such services at the rate set by APEA/AFT.

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____ Home Email _____

Job Title _____ Department _____ Division _____ Hire/Transfer Date ____/____/____

Physical Work Address _____ City _____ State _____ Zip _____

Work Telephone () _____ Work Email _____

My employment status is:

- Permanent Full Time Permanent Part-Time Seasonal Temporary (up to 120 days)

Signature of Employee _____ Date _____

Please complete form and email, mail or fax to APEA/AFT headquarters within 30 days of hire or transfer. If you have any questions please contact membership at: State Headquarters/Juneau Field Office: 151 3rd St, Juneau, AK 99801, (907) 586-2334, (800) 478-9991, Fax 586-5905, email: membership@apea-aft.org

For APEA/AFT use only

HD/A _____ Packet Sent _____ Processed by _____ Date _____ I-Fee Paid



Revised 8/3/23