

WASHINGTON FEDERATION OF STATE EMPLOYEES | AFSCME COUNCIL 28 | AFL-CIO



YES! I want to be a Union member, and I authorize the Washington Federation of State Employees AFSCME Council 28 as my exclusive representative for the purpose of collective bargaining.

In signing this card, I authorize the Washington Federation of State Employees AFSCME Council 28 as my exclusive bargaining representative for the purpose of collective bargaining. I understand that in signing this card, I am making a show of interest that may be used for purposes of a cross-check election under Chapter 391-25 WAC and that this card may be used to obtain certification of the Washington Federation of State Employees AFSCME Council 28 as the exclusive bargaining representative without a secret ballot election. I have the right to ask the agency to revoke my authorization for purposes of cross-check of records.

Upon becoming covered by a Washington Federation of State Employees AFSCME Council 28 collective bargaining agreement, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, an amount equivalent to dues as set in accordance with the Washington Federation of State Employees AFSCME Council 28 Constitution and By-Laws and authorize my Employer to remit such amount semi-monthly to the Union (currently 1.5% of my salary per pay period not to exceed the maximum). This voluntary authorization and assignment shall be irrevocable for a period of one year from the date of execution and automatically renews year to year thereafter unless I give the Union written notice of revocation prior to the end of any yearly period, regardless of whether I am or remain a member of the Union, unless I am no longer in active pay status in a Washington Federation of State Employees AFSCME Council 28 bargaining unit. This card supersedes any prior check-off authorization card I signed. I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

Last Name: _____ First Name: _____ Middle Initial: _____ Nickname (if any): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

(Please check preferred phone)

Cell Phone _____ Home Phone _____ Work Phone _____

Gender: _____ Birth Date: _____ Home / Personal Email: _____

Employer: _____ Job Class / Job Title: _____ Work City: _____

Last 4 of SSN: _____ Employee ID No.: _____ Date Hired Into Position: _____

Worksite / Floor: _____ Shift: _____ 2nd Language(s) Used At Home: _____

> > SIGNATURE: _____ DATE: _____

By providing my cell phone number, I consent to receive calls (including recorded or autodialed calls, or texts) at that number from the Union and its affiliates on a periodic basis. The Union will never charge for text message alerts. My carrier's rates may apply. You may modify your preference by emailing the WFSE Member Connection Center (MCC) at MCC@WFSE.org or by calling the MCC at 833-MCC-WFSE (833-622-9373). Payments to our Union are not deductible as charitable donations for federal income tax purposes.

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 200 OLYMPIA, WA

POSTAGE WILL BE PAID BY ADDRESSEE

WASHINGTON FEDERATION OF STATE EMPLOYEES, AFSCME COUNCIL 28
1212 JEFFERSON ST STE 300
OLYMPIA WA 98501-9965



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Fold here

wfse.org/join

Questions about
OUR UNION ?
Call Our Member Connection Center!



Washington Federation of State Employees
MEMBER CONNECTION CENTER

DIAL: 1-833-MCC-WFSE
(833-622-9373)



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