



YES! I STAND UNITED WITH MY FELLOW STATE EMPLOYEES IN WASHINGTON TO WIN:



- Good pay and affordable healthcare for all state employees
- Full funding for vital public services and schools
- Retirement security
- Family friendly workplaces
- A more just and humane Washington
- Fair revenue where the wealthy pay their fair share

We can no longer expect the courts, politicians or laws to protect our interests in Washington.

THE TIME IS NOW. 100% UNION

PAYROLL DEDUCTION AUTHORIZATION & MAINTENANCE OF DUES CARD

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 Email: _____

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

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

Worksite: _____ Shift: _____ 2nd language used at home: _____

YES! I want to be a union member. I support advocating for quality services and good jobs. I understand that as a WFSE member I will make our union stronger to protect public services and work together to improve pay, benefits and working conditions for all public employees.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, the amount of dues as set in accordance with the WFSE 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 or until the termination date of the collective bargaining agreement (if there is one) between the Employer and the Union, whichever occurs sooner, and for year to year thereafter unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than twenty (20) days before 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 WFSE bargaining unit; provided however, if the applicable collective-bargaining agreement specifies a longer or different revocation period, then only that period shall apply. 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.

***SIGNATURE:** _____ ***DATE:** _____

By checking this box , I agree that my typed name above is the electronic representation of my signature and is legally binding - just the same as a pen-and-paper signature.

*By providing my cell phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

*required field