



# SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 517M APPLICATION FOR MEMBERSHIP - EMPLOYER DEDUCTED GROUPS

I request and voluntarily accept membership in SEIU Local 517M and its successors or assigns (collectively "Local 517M"). I will receive the benefits and abide by the obligations of membership set forth in both Local 517M's and the Service Employees International Union's Constitutions and Bylaws. I authorize Local 517M to act as my representative in collective bargaining over wages, benefits, and other terms/conditions of employment with my employer, and as my exclusive representative where authorized by law. My membership will be continuous, unless I resign by providing notice to my Employer. I recognize that union membership is voluntary and not a condition of employment, and that I can decline to join without reprisal.

Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  **I would like to receive text messages** I understand that SEIU, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. Local 517M and SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Worksite: \_\_\_\_\_ Please Select One:  Part-Time  Full-Time

Occupation: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## DUES CHECK-OFF AUTHORIZATION

I request and voluntarily authorize my employer to deduct from my earnings and to pay to Local 517M and its successors and assigns (collectively "Local 517M") an amount on notice from the Union, such amounts including membership dues and special assessments, as may be established by the Union and become due to it from me during the effective period of this authorization.

Signature for Deduction of Dues: \_\_\_\_\_ Date: \_\_\_\_\_

### SEIU COPE CONTRIBUTION

**(Complete Only if Employer Deduction of COPE is Available - Use COPE Form if Not Employer Deducted)**

I hereby authorize my employer to deduct from my pay the equivalent sum of: (please check)  \$2.00  \$5.00  \$10.00 or \$ \_\_\_\_\_  
(please check frequency)  Weekly  Bi-weekly  Monthly from compensation as your employee and transmit that amount to:  
**SEIU COPE, 836 Centennial Way, Suite 150, Lansing, MI 48917.** This authorization shall remain in full force and effect until revoked in writing by me.

This authorization is made voluntarily based on my specific understanding that: 1) I am not required to sign this form or make voluntary contributions to SEIU COPE as a condition of my employment or membership in the union; 2) I may refuse to contribute without reprisal; 3) Under law, only union members and executive / administrative staff who are U.S. Citizens or lawful permanent residents are eligible to contribute to COPE; 4) The contribution amounts on this form are merely suggestions, and I may contribute more or less by this or other means without fear of favor or disadvantage from SEIU or my employer; 5) SEIU COPE uses the money it receives for political purposes – including, but not limited to, making contributions to and expenditures on behalf of candidates for federal, state, and local offices – and addressing political issues of public importance. This authorization shall remain in effect until revoked by me in writing via U.S. mail to SEIU Local 517M.

**Contributions or gifts to SEIU COPE are not deductible for federal income tax purposes.**

COPE Deduction Signature: \_\_\_\_\_ Date: \_\_\_\_\_