



SCHOOL AND LOCAL GOVERNMENT APPLICATION FOR MEMBERSHIP SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 517M

I hereby request and accept membership in SEIU Local 517M and authorize said union to represent me and, on my behalf, to negotiate and conclude any and all agreements as to wages, hours and other conditions of employment. This full power and authority to act for the undersigned supersedes and cancels any power and authority heretofore given to any person or organization to represent me. I agree to be bound by the Constitution and Bylaws, and the rules and regulations of the International and Local, and by any contracts that may be in existence at the time of this application or that may be negotiated by the Union.

Name: _____ Date: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Personal E-Mail: _____

Cell Phone: _____ I would like to receive text messages (SEIU 517M will never charge you for text messages. Carrier message and data rates may apply.)

Employer: _____ Date of Hire: _____

Worksite: _____ Please Select One: [] Part-Time [] Full-Time

Occupation: _____ Hours Worked Per Week: _____

Signature x _____

DUES CHECK-OFF AUTHORIZATION CARD

Al hereby authorize and direct my employer to deduct from my wages, and pay over to the Union on notice from the Union, such amounts including membership dues, initiation fees and special assessments, as may be established by the Union and become due to it from me during the effective period of this authorization.

Employer: _____ Date: _____

Name (please print): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Site: _____ Home Phone: _____

Signature for Deduction of Dues: _____

SEIU COPE CHECK-OFF

I hereby authorize my employer to deduct from my pay the equivalent sum of: (please check) [] \$3.00 [] \$5.00 [] \$10.00 or \$ _____
(please check frequency) [] weekly [] bi-weekly from compensation as your employee and transmit that amount to:

SEIU COPE, 1026 E Michigan Ave, Lansing, MI 48912. This authorization shall remain in full force and effect until revoked in writing by me.

This authorization is **voluntarily** made based on my specific understanding that:

- I understand that: 1) I am not required to sign this form or make COPE contributions as a condition of my employment by my employer or membership in the union; 2) I may refuse to contribute without any reprisal; 3) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPE; 4) The amounts on the form are merely a suggestion, and I may contribute more or less without fear of favor or disadvantage from the union or my employer; 5) SEIU COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state and local elections.
- Contributions to SEIU COPE are not deductible for federal income tax purposes.

COPE Deduction Signature: _____ **Date:** _____