



# Anchorage Council of Education (ACE)

## APEA/AFT Membership Form

Social Security/Member #	Last Name	First Name	M.I.

*Please Fill Out Completely & Clearly*

### **MEMBERSHIP AUTHORIZATION** (Please check one)

- I elect to join APEA/AFT as a Member with full membership benefits, privileges and voting rights. I hereby request and voluntarily accept membership in the Anchorage Council of Education (ACE) APEA/AFT. I agree to abide by its Constitution and Bylaws and by the APEA/AFT Constitution and Bylaws. I authorize ACE [APEA/AFT] to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.
- 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.

### **Dues Deduction/Voluntary Fair Share Fee Authorization:**

I direct my employer to deduct from my pay regular amounts equal to the Union APEA/AFT's membership dues or voluntary fair share fees and to transfer that money to the Union APEA/AFT. I understand that the Union APEA/AFT may periodically adjust the amount. I understand that I may rescind my membership at any time. However, I understand that strong representation requires all represented employees to contribute. Even if I rescind my membership, I agree that the contributions authorized above shall continue and this authorization shall automatically renew annually, irrespective of my membership status, unless and until I submit a timely signed revocation of this authorization. To be timely, a revocation must either follow the procedures in my Union contract, or be mailed to an APEA/AFT regional office, postmarked within the 30-day enrollment adjustment period prior to the annual anniversary of the date I sign below. Amounts paid to the Union are not tax-deductible as charitable contributions, but may be deductible under other tax provisions.

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

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

- I decline membership and I decline to pay any representational fee. I understand that union membership is strictly voluntary, and 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.

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

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

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)

*Please complete form and email to [membership@apea-aft.org](mailto:membership@apea-aft.org), fax to 907-586-5905 or mail to APEA/AFT 211 4<sup>TH</sup> St, Ste 306 Juneau, AK 99801 within 30 days of hire or transfer.*

**☎ If you have any questions please contact your local Field Office. ☎**

**State Headquarters/Juneau Field Office:** 211 Fourth St., Ste 306, Juneau, AK 99801, (907) 586-2334, (800) 478-9991, Fax 586-5905

**Anchorage Field Office:** 3310 Arctic Blvd. Ste 200 Anchorage, AK 99503 (907) 274-1688, (800) 478-9992, Fax (907) 277-4588

**Fairbanks Field Office:** 825 College Road, Fairbanks, AK 99701 (907) 456-5412, (800) 478-9993, Fax (907) 456-7478

For the 2020 / 2021 school year, dues will be deducted from your paycheck of \$77.60 for full-time employees, \$51.85 for half-time employees.

There is also a one-time initiation fee of \$100 for permanent employees.

# Anchorage School District Payroll Deduction Authorization

\_\_\_\_\_  
 SSN                                      Last name                                      First name                                      MI

### CDH Numbers For Payroll Use Only

Union	Initiation Fee	Monthly Dues	Local/Hourly Dues
ACE/AFT	#2301	#2300	
AEA/NEA		#2305	
APA—Elementary		#2310	#2312
APA—Secondary		#2310	#2312
Local 71—Custodian	#2375	#2320	#2346
Teamsters 959—Bus		#2315	#2345
Teamsters 959—Food		#2325	#2345
Teamsters 959—Maintenance		#2330	#2345
Totem	#2336	#2335	

Supplemental	CDH	Amount	Limit
PERS reinstatement	#2151	\$	\$
TRS reinstatement	#2178	\$	\$

### Union Dues Paycheck Deduction

I wish to:       Start       Stop

Union: \_\_\_\_\_

I hereby authorize the Anchorage School District to withhold through payroll deduction the standard dues/fee as established by my individual union.

This authorization will remain in effect until the employee either resigns or notifies, in writing, ASD Payroll of a change in membership status. The monthly and annual dues/fee deductions may be changed by the union in order to maintain membership in good standing. The union will be responsible for notification of changes in dues/fee deductions.

If ASD fails to deduct, the union member remains fully liable to the union for any unpaid amounts.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date