UDW/AFSCME Local 3930 Membership Authorization

MEMBERSHIP FORM I hereby apply for membership in United Domestic Workers Union (UDW)/AFSCME Local 3930 and I agree to abide by its Constitution and Bylaws. By this application, I authorize UDW to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my employer.

Contributions or gifts made to UDW/AFSCME Local 3930 are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

469

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____ ☐ Yes! UDW may use this telephone number to communicate important messages to me.

Address _____ City _____ Zip Code _____

Email _____

Signature _____ Date _____

Registered to Vote? Yes ☐ No ☐

I want to get involved! Yes ☐ No ☐

Language Preference for Mail English ☐ Spanish ☐ Other _____

AUTHORIZATION I hereby authorize UDW/AFSCME Local 3930 to act for me as the sole collective bargaining agent in all matters pertaining to rates of pay, wages, hours and other conditions of employment and the adjustment and settlement of all grievances, complaints or disputes arising out of collective bargaining. I further authorize my IHSS employer, or the agent of the employer, to deduct from my wages the amount equal to the dues, fees and/or assessments required of my membership in the Union and to remit said sums to the Union as specified by the Union. This assignment and authorization shall remain in effect until revoked by me, but shall be irrevocable for one year from the date of signature, and shall otherwise automatically continue each one year period.