

SEIU 521 Transfer to Transitional Associate Member

Name: _____
Last Name First Name MI

SSN Last 4 Digits: _____ **Date of Birth:** _____

Address: _____
Number/Street City State Zip

Home Phone #: _____ **Email:** _____ **Cell Phone #:** _____
Required

Former Employer: _____

By providing my cell phone number, I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

Article VI Section 5

5.01 Transitional (*Excerpt from SEIU Local 521 Bylaws*): If a member is good standing wishes to remain a member after his/her eligibility is lost due to transfer into a different bargaining unit, leaving employment for other work, or other reason, s/he may apply for Associate Membership with SEIU Local 521 within 120 days of status change so long as their position does not create a conflict of interest. The Local Officers shall approve or deny the application and may withdraw approval at any time for any valid reason. A Transitional Associate Member may only vote in Local Wide Union Elections. They may not hold any office within the Local. They may only participate where the committees/activities/events are directed toward community/political outreach or are social/recreational in nature. When approved by the Executive Board they may be appointed to represent the Union at Central Councils and other Community Groups. The dues for Transitional Associates Members shall be **\$15.21** per month.

PAYMENT METHOD

(Please check one of the following options)

I authorize SEIU Local 521 to deduct dues Monthly from my **Bank Account**:

Bank Name: _____

Account Type: **Savings** **Checking (attach voided check)**

Routing Number: _____ (9 digit)

Account Number: _____

I authorize SEIU Local 521 to deduct dues Monthly from my **Credit Card**:

Card Type: **Visa** **Master Card** **Discover** **American Express**

Card Number: _____

Expiration Date: ____ / ____

This authorization applies to any changes in the amount of the dues and other fees of SEIU 521 and is to continue until written notice is served by the undersigned to the Union. My membership will become effective when my first dues are received by the Union. Dues, contributions or gifts to SEIU 521 are not deductible as charitable contributions for income tax purposes. Dues paid, however, may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

Member Signature: _____ **Date:** _____

COPE CHECK OFF

As a Transitional Associate Member, I will do my part to make elected officials listen to working people. Sign me up to contribute to SEIU 521's Committee on Political Education (COPE).

- I authorize SEIU 521 COPE to deduct **\$10** **\$15** **\$20** per Month from my:
- Bank Account** (Specified above)
 - Credit Card** (Specified above)

I am volunteering to contribute to the SEIU 521 Committee on Political Education (COPE) to help make elected officials stand up for working people.

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 521 COPE; **4)** the amounts on this form are merely a suggestion, and I may contribute more or less by some other means without fear of favor or disadvantage from the Union or my employer; **5)** SEIU 521 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 521 COPE are not deductible for federal income tax purposes. This authorization shall remain in effect until revoked by me in writing.

Please sign to indicate that you have read and agree with these terms.

Member Signature: _____ **Date:** _____

