

Yes, sign me up for UPTC-CWA to help protect my UC job, retirement and health benefits! For years, we have worked for less than market pay. Now our jobs are threatened and UC wants to shift the costs of health benefits and retirement programs to employees. I'm joining the union to preserve what we've rightfully earned.

To join UPTC, fill out this form and sign in the lower right hand corner below.

For employees not covered by a collective bargaining contract (administrative professionals and LANL employees): dues are 1.15% of gross salary to a maximum of \$22 per month.

NAME _____	EMPLOYEE NUMBER _____	JOB TITLE _____
HOME ADDRESS _____	() _____ WORK PHONE	() _____ HOME PHONE
CITY/STATE/ZIP _____	WORK LOCATION (BUILDING/ROOM/CAMPUS) _____	
NAME OF PERSON WHO ASKED ME TO JOIN (if applicable) _____	WORK EMAIL _____	HOME EMAIL _____

Contributions, gifts or dues paid to University Professional and Technical Employees, Communications Workers of America, Local 9119 are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expense.



EMPLOYEE ORGANIZATION MEMBERSHIP
PAYROLL DEDUCTION AUTHORIZATION
UPAY 669 (R7/87)

PLEASE
PRINT
OR
TYPE

CAMPUS	LOC	EMPLOYEE I.D.	DATE
ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:			DATE
MONTHLY DEDUCTION			
LAST NAME, FIRST, MIDDLE INITIAL	ENROLL	CANCEL	CURRENT AMOUNT
DEPARTMENT EMPLOYED AT U.C.	DUES	XXX	
TITLE AT U.C.	CWA COPE*		
ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER) UPTC-CWA 9119	OTHER		
TOTAL			

*UPTC-CWA Committee on Political Education (COPE) contribution. Our ability to influence legislators has greatly benefited UPTC. The funds UPTC uses to support labor-friendly candidates comes only from this contribution, not from dues. Fill in any fixed amount to be deducted on a monthly basis.

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.

I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTION AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.

The University will remit the amount deducted to the official designated by the organization.

This authorization shall remain in effect until revoked by me - allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof -- or until another employee organization becomes my exclusive representative.

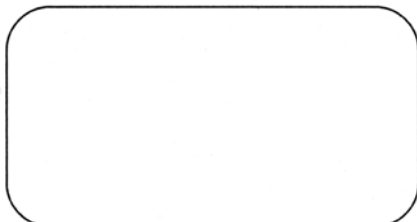
It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect.

This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made.

Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE _____	DATE _____
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For university use only



TRAN CODE	EMPLOYEE ID NO.	DATE	ELEMENT NO.	BAL CD	AMOUNT
1 2 4	12 13 18 19	MO DY YR	22	23 23	30
X1		. . 6	6	G
X1		. . 6	6	G
X1		. . 6	6	G