

UPTE STRONG! Affirm your commitment to outstanding UC jobs.

UPTE-CWA has won excellent raises and preserved our superb benefits and pensions. But UC executives and anti-union politicians are now seeking to erode our pay and benefits. All current and not-yet-members of UPTE need to sign this membership affirmation to preserve our achievements.



Your position at UC is part of the UPTE union and UPTE's contract determines your pay, benefits and working conditions.

Dues are the same for everyone and set uniformly by UPTE. Your dues may be tax deductible.

CAMPUS

- Berkeley Santa Cruz San Francisco Davis Santa Barbara Merced
 LBNL UCOP Riverside Irvine Los Angeles San Diego

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) _____	EMAIL _____	CELL PHONE/TEXT <input type="checkbox"/> Please do not text me.

MEMBERSHIP APPLICATION

Membership: I apply to become a member of UPTE.

UPTE's Political Action Fund: As public employees, we require a strong voice and resources to impact the government that funds us and passes laws that affect us. We do not use union dues or fees for electoral advocacy. Select a monthly amount to contribute to the Political Action Fund to protect and improve our jobs:

\$50 \$25 \$10 \$5 more: \$

You may use this form for initial sign up or to increase your contribution.

Authorization: I enter into this agreement in return for the privileges of UPTE membership and the long-term benefit of union representation. I direct UC to deduct membership dues from my monthly pay, and to transfer that money to UPTE. I can end my membership by following instructions in my union contract (found at www.upte-cwa.org), or as otherwise allowed by law. I understand that both union members and nonmembers benefit from representation and should contribute. If I resign or have resigned my union membership and the law no longer requires nonmembers to pay a fair share fee, I nevertheless agree voluntarily to contribute my fair share by paying a service fee in an amount equal to dues. I direct UC to deduct this service fee from my monthly pay and to transfer that money to UPTE. I understand that this voluntary service fee authorization shall renew each year on the anniversary of the date I sign below, unless I mail a signed revocation letter to UPTE's central office, postmarked between 75 days and 45 days before such annual renewal date.

UPTE's charity of choice is the Elizabeth Glaser Pediatric AIDS Foundation.

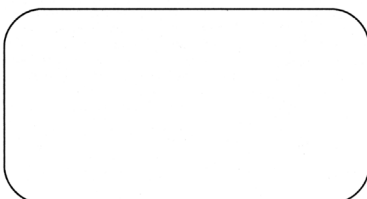
Please consider making a monthly contribution of any amount.

\$

SIGNATURE

DATE

For university use only



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

