



New York State Public Employees Federation, AFL-CIO PEF MEMBERSHIP APPLICATION and DUES PAYROLL DEDUCTION AUTHORIZATION

**TO BECOME A MEMBER – Complete this application form and
mail it in the enclosed business reply envelope.**

Last Name First Name M. I. Social Security No.

First Line Street Address Second Line Street Address

City State Zip Code

(_____) - _____ (_____) - _____
Home Telephone No. Work Telephone No. Date of Birth (MM / DD / YYYY)

PEF's Online Communities: (optional)

E-mail Address (please print) _____@_____

Important: Personal e-mails required due to New York State restrictions on the use of work e-mails.

By providing your e-mail address, you are giving PEF permission to e-mail you PEF Union Notices (e.g., PEF AIM E-Mail network which provides notices on contract benefits / benefit changes, issues affecting terms and conditions of employment, contract negotiations, etc., as well as PEF Membership Benefits which provides notices on other member benefits). You can opt-out of these at any time.

Additional Information:

Have you received an orientation to PEF? No Yes - When (date): _____

Job Title Agency Name Agency Code

Facility/Institution Work Location (Address)

Name of Local PEF Division Division No. PEF Steward's Name Member Mobilizer's Name

Have you served in the U.S. Military? No Yes - Date of Service: _____

I want to contribute to COPE. (Complete the enclosed COPE authorization form) Yes No

To The Comptroller of the State of New York:

Pursuant to Section 6a of the State Finance Law, I hereby authorize you to deduct from my salary bi-weekly the necessary amount to cover membership dues payable on my behalf to NEW YORK STATE PUBLIC EMPLOYEES FEDERATION, AFL-CIO. You are further authorized to make any necessary changes in the amount of such dues or insurance premiums. This authorization shall remain in effect until revoked by me by written notice to you by certified mail or until otherwise revoked pursuant to law.

Date _____ Signature of Employee _____

