



OPEIU Local 2 Membership Application

I, the undersigned, hereby make application for admission to membership in the Office and Professional Employees International Union, AFL-CIO, Local 2 to serve as my chosen and authorized collective bargaining representative on matters relating to wages, benefits, hours and other conditions of my employment.

Print Name _____ Cell/Home Phone _____

Address _____ Apt# _____

City _____ ST _____ Zip _____ Email _____

Employer _____ Dept./Unit _____

Job Title _____ Are you FT, PT, PD _____

Birthdate (for identification purposes): month _____ date _____ year _____ or work ID _____

I authorize and direct my employer to deduct from my pay and to remit to OPEIU Local 2 membership dues and initiation fees in such sums as established by the Union Constitution and Bylaws. This authorization shall be irrevocable for one year after it is first executed or until termination of the collective bargaining agreement between my employer and the Union whichever occurs sooner. Revocation shall become effective when written notice is given by me to my employer and to the Union.

Signature _____ Date _____

Contributions or gifts to Local 2 are not tax deductible as charitable contributions.

