



**APPLICATION FOR MEMBERSHIP**  
**Professional and Technical Employees Local 17**  
 (Shaded section for office use only)

Card sent to employer on: \_\_\_\_\_  
 \_\_\_\_\_  
 Date

Employee ID Number: \_\_\_\_\_

Name (Please Print): Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Phone\*: ( ) \_\_\_\_\_ Home Email\*: \_\_\_\_\_

Cell Phone\*: ( ) \_\_\_\_\_ \*By providing my personal phone and email information, I understand that PROTEC17 may contact me on a periodic basis and that I may unsubscribe at any time.

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  **I want to learn more about my union rights!**

Hire Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Type of Employment: Full-time  Part-time  Temporary

Employer: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Department/Bureau: \_\_\_\_\_ Work Location (Bldg/Floor/Room): \_\_\_\_\_

I, the undersigned, hereby designate the Professional and Technical Employees Local 17 (PROTEC17), as my duly chosen and authorized representative in matters relating to my employment in order to promote and protect my economic welfare. I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities.

In exchange for PROTEC17's commitment to fight for me, my coworkers, and my community, and for PROTEC17 making available to me a combination of automatic and optional member-only benefits through the PROTEC17 Member Advantage program, and for other good and valuable consideration, **I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to Professional and Technical Employees Local 17 (PROTEC17) an amount equal to the regular monthly dues (currently equal to the monthly salary multiplied by .0085 or other such future amount as may be required by PROTEC17's Constitution and Policies).**

I direct that this authorization will remain in effect and be irrevocable unless I revoke it in writing not more than thirty (30) days before the annual window period (currently defined by PROTEC17 Constitution and Policies as December 1 - 20). I recognize that this authorization is voluntary and not a condition of employment and shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, irrespective of my membership in PROTEC17.

**Signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

**Support Success! Donate to the WA Political Action Committee (PAC)!**

PROTEC17 uses our Political Action Committee (PAC) fund to contribute to political candidates in Washington state who support working families and their issues. **Members voluntarily contribute to this fund – union dues money never goes to the PAC.** To contribute, please complete and sign the form below. Contributions to the PAC are not deductible for federal income tax purposes.

**I hereby authorize my employer to deduct (circle one): \$7 \$17 \$27 \$37 \$47 every paycheck to be contributed to Professional and Technical Employees Local 17's (PROTEC17's) PAC.**

This authorization remains in effect until revoked in writing by me. No employer or union may discriminate against you for contributing or not contributing to a political committee, or supporting or opposing a candidate, ballot measure or political party.

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_