



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

Card collected by: _____

Card collected at: _____

Card to employer on: _____

Employee ID Number: _____ Birthdate: _____ Gender: _____

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 by email, text or phone on a periodic basis and that I may unsubscribe at any time.

Employer: _____ Job Classification: _____

Department/Bureau: _____ Work Location (Bldg/Floor/Room): _____

Hire Date: _____ Type of Employment: Full-time Part-time Temporary

I want to be a PROTEC17 member!

Yes, I recognize the need for a strong union in my workplace and want to join with my co-workers and become a member of Professional and Technical Employees Local 17 (PROTEC17). **I designate PROTEC17 as my exclusive bargaining representative for the purposes of collective bargaining with respect to wages, hours and other conditions of employment.** I understand that my signature may be used to obtain certification of PROTEC17 as the exclusive bargaining representative, without an election.

Signature: _____ **Date Signed:** _____

Yes, I recognize the need for a strong union and believe everyone represented by our union should support our union's activities. In exchange for PROTEC17's commitment to advocate for me, my coworkers, and my community, for member-only benefits provided 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 PROTEC17 an amount equal to the regular monthly dues set by PROTEC17's Constitution and Policies** (currently equal to 0.85% of my monthly salary). I direct that this authorization will remain in effect and be irrevocable unless I revoke it in writing sent via U.S. mail during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement. I recognize that this authorization is voluntary and not a condition of employment and shall be automatically renewed from year to year unless I revoke it in writing during the window period, irrespective of my membership in PROTEC17.

Signature: _____ **Date Signed:** _____

I want to support the Political Action Committee!

Yes, I recognize the need to contribute to political candidates in Washington state who support working families and their issues. I understand that I am voluntarily contributing to the separate PROTEC17 Political Action Committee (PAC) fund and that my union dues money never goes to the endorsement of political candidates. I also understand that my 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 or \$ _____ every paycheck to make political contributions to the Professional and Technical Employees Local 17 (PROTEC17) PAC. This authorization remains in effect until revoked in writing by me.

Signature: _____ **Date Signed:** _____

No employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee; or (d) the failure to contribute to a political committee, or supporting or opposing a candidate, ballot measure or political party.