

# Yes, sign me up for UPTE to help protect my UC retirement and health benefits!

For years, we have worked for lower-than-average compensation. Now UC wants to shift the costs of health benefits and retirement programs to employees. I'm joining the union to preserve what we've rightfully earned.

To join UPTE, fill out this form and sign in the lower right hand corner below. For employees covered by a contract (TX, RX, or HX unit): dues are 1.3% of gross salary to a maximum of \$45 per month. For employees not covered by a collective bargaining contract (staff professionals and LANL employees): dues are 1.15% of gross salary to a maximum of \$22 per month. Even though your pay stub may show a "fair share" contribution to UPTE-CWA, you are not a member unless you have sent in an application. Being a member costs you nothing extra, and entitles you to participate fully, including voting in elections and contract ratifications.

NAME _____	EMPLOYEE NUMBER _____	
HOME ADDRESS _____	WORK PHONE ( ) _____	HOME PHONE ( ) _____
CITY/STATE/ZIP _____	WORK LOCATION (BUILDING/ROOM/CAMPUS) _____	
NAME OF PERSON WHO ASKED ME TO JOIN (if applicable) _____	WORK EMAIL _____	HOME EMAIL _____

Contributions, gifts or dues paid to University Professional and Technical Employees, Communications Workers of America, Local 9119 are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expense.

<b>EMPLOYEE ORGANIZATION MEMBERSHIP PAYROLL DEDUCTION AUTHORIZATION</b> <small>UPAY 669 (R7/87)</small> PLEASE PRINT OR TYPE	CAMPUS	LOC	EMPLOYEE I.D.	DATE		
	ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING: _____ DATE _____					
	MONTHLY DEDUCTION					
	LAST NAME, FIRST, MIDDLE INITIAL	ENROLL	CANCEL	CURRENT AMOUNT		
DEPARTMENT EMPLOYED AT U.C.	DUES	XXX				
TITLE AT U.C.	CWA COPE*					
ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER) UPTE-CWA 9119	OTHER					
			TOTAL			

\*UPTE-CWA Committee on Political Education (COPE) contribution. Our ability to influence legislators has greatly benefited UPTE. The funds UPTE uses to support labor-friendly candidates comes only from this contribution, not from dues. Fill in any fixed amount to be deducted on a monthly basis.

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.

I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTION AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.

The University will remit the amount deducted to the official designated by the organization.

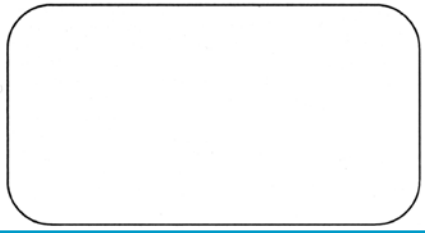
This authorization shall remain in effect until revoked by me - allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof -- or until another employee organization becomes my exclusive representative.

It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect.

This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made. Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE _____	DATE _____
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**For university use only**



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