



**MAINE STATE EMPLOYEES ASSOCIATION
LOCAL 1989, SERVICE EMPLOYEES INTERNATIONAL UNION**

I HEREBY REQUEST TO JOIN MSEA-SEIU, and authorize my payroll to deduct from my paycheck each week such amount as may be voted by the Council of the MSEA-SEIU, such deduction to commence upon my becoming an MSEA-SEIU member. *I understand that MSEA relies in part upon my self-reporting of hours in order to ensure that the correct dues amounts are deducted. Accordingly, I certify that I am regularly scheduled to work:*

FULL TIME (Over 32 hours) **PART TIME** (32 hours or less) **PART TIME** (16 hours or less)

Upon my retirement I hereby authorize the Maine State Retirement System to deduct from my pension a monthly amount as dues for retired members.

Social Security # _____ Name: _____
Last Name (Please Print) First Name Middle Initial

Home Mailing Address: _____
Street, PO Box City or Town Zip County

City/Town in Which You Are Registered To Vote: _____

Home E-Mail Address: _____

Work E-Mail Address: _____

Date of Birth: _____ Work Phone: _____

Home Phone: _____ Cell Phone*: _____

*** By providing my cell phone number, I understand that MSEA and MSEA-affiliated organizations and partners may call or text me at that number on a periodic basis to provide me timely and important information. MSEA will never charge for text message alerts. Carrier message and data rates may apply.**

Employer _____ Dept: _____

Job Class/Title: _____

Physical Work Address: _____
Street City/Town Bldg. Floor

Date of Hire: _____

IN LIEU OF MSEA MEMBERSHIP, I WISH TO PAY A FEE representing my pro-rata share of the union's expenses that are germane to collective bargaining, as certified by the union consistent with the law and the contract. As a fee payer, I understand that I am entitled to representation in collective bargaining and contract administration, but that I am not entitled to any rights arising from membership in MSEA-SEIU.

Signature of Employee: _____ **Date:** _____

FOR MSEA USE: (do not complete)

County Code: _____ Chapter/Code: _____ Area: _____ Job Class Code: _____

Senate: _____ House: _____ Pay Code: _____ Bargaining Unit Code: _____

Department Code: _____ Date of Retirement: _____ Retired From: _____

**Return to: Maine State Employees Association
65 State Street
Augusta, ME 04330-5126**

Together, let's fight and win for working families.

Join PASER: Political Action by Service Employees and Retirees

MSEA-SEIU PASER Check-off Authorization Form

Name _____ Employer _____ Job Title _____

Home Address _____ City/Town _____ State _____ ZIP Code _____

Billing Address if using credit card _____ City/Town _____ State _____ ZIP Code _____

Personal email _____ Home Phone _____ Cell Phone _____

____ **Option 1: Credit card deduction:** By my signature below, I hereby authorize MSEA-SEIU Local 1989, as my agent, to charge my credit card for the contribution indicated below, and for said credit card to forward the amount specified to MSEA-SEIU for contribution to SEIU-COPE on a recurring monthly basis:

Type of credit card (Visa/MC) _____ Credit card #: _____ Expiration date (YYYY-MM): _____

____ **Option 2: Credit union or bank account deduction:** By my signature below, I hereby authorize and direct the Maine State Credit Union to transfer the amount checked below from my credit union or other bank account identified below to MSEA-SEIU for the purpose of MSEA-PASER and as a contribution to SEIU-COPE on a recurring monthly basis:

Name of bank or credit union: _____ account #: _____ (Please submit a voided check)

Bank or credit union's mailing address: _____

Amount of deduction: _____ \$30 per month; _____ \$20 per month; _____ \$10 per month

Debit entries will generally be initiated to the above account on the 1st day of the month. If the 1st is a weekend or holiday the transaction will occur on the following business day. I also authorize initiation, if necessary, of credit entries and adjustments for any debit entries in error to my account.

I agree that the Credit Union will not be responsible for any damages or losses resulting from incorrect instructions of information, which I have furnished, and I agree to hold the Credit Union harmless from and against any such claims for losses.

I understand that two (2) returns for any reason will result in cancellation of this origination agreement. Reinstatement will require a new agreement and will be contingent on approval of Maine State Credit Union.

This authorization is subject to the terms set forth below:



I hereby authorize MSEA-SEIU Local 1989 to file this authorization form with my credit card company, credit union, bank or employer, as indicated above, and for said credit card company, credit union, bank, or employer to forward the amount specified to MSEA-SEIU for contribution to SEIU-COPE. This authorization is voluntarily made based on my specific understanding that:

1. The signing of this form and the making of voluntary contributions are not conditions of my employment by my Employer or membership in the Union, and I understand that I may refuse to contribute without any reprisal;
2. Only union members and executive and administrative personnel, and their families, who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU-COPE;
3. The amounts above are merely suggestions, and I understand that I may contribute more or less by some other means without fear of favor or disadvantage from the Union or my Employer;
4. SEIU-COPE uses the money it receives for political purposes, including but not limited to making contributions and expenditures in connection with federal, state and local elections and addressing political issues of public importance.

5. Contributions to SEIU-COPE are not deductible for federal income tax purposes.

6. This authorization is to remain in full force and effect until the employer, credit card company, credit union or bank listed above has received written notification of its termination. Such notification shall be presented to MSEA-SEIU and forwarded by them to the credit card company, credit union or bank.

Signature: _____ Effective Date: (YYYY-MM-DD) _____