

SPEEA, IFPTE LOCAL 2001 MEMBERSHIP APPLICATION

APPLICANT

Last Name (please print)

First Name

Initial

Employee ID #

ADDRESS

Street


Apt. No.

City

State

Zip Code

HOME PHONE () - CELL PHONE () -



PERSONAL EMAIL

SPEEA
IFPTE LOCAL 2001

APPLICANT SIGNATURE _____

By application, I hereby request and authorize the Society of Professional Engineering Employees in Aerospace to represent me as my bargaining representative until such time I leave the bargaining units or resign my membership by written or electronic notification.

SPEEA, IFPTE LOCAL 2001 DUES DEDUCTION APPLICATION

| | | | |
|--------------------------|------------|---------|---------------|
| Applicant | | | |
| Last Name (please print) | First Name | Initial | Employee ID # |

You are hereby authorized to deduct from my salary once monthly such sum as shall have been certified by the Society of Professional Engineering Employees in Aerospace as dues under the SPEEA constitution.

PLEASE REMIT ALL SUMS SO DEDUCTED TO SPEEA. THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME.

In order to discontinue my dues obligation, I must satisfy the mandates found in the appropriate SPEEA Collective Bargaining Agreement.

APPLICANT SIGNATURE *X* _____

