

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 _____

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 #

I voluntarily enter into this Authorization and Assignment. It is not contingent upon my present or future membership in SPEEA and will continue until timely revoked under the terms set forth herein.

This Authorization is irrevocable for a period of one year from the date of its execution, or until the termination of the Collective Bargaining Agreement (CBA) governing my bargaining unit between SPEEA and my Employer, whichever occurs sooner. It shall continue from year to year thereafter, unless not less than fifteen (15) days and not more than thirty (30) days before the end of any subsequent yearly period or upon expiration of the CBA, written notice revoking this Authorization bearing my signature or an electronic communication from a personal email account is received by the President of SPEEA.

SPEEA is authorized to deposit this Authorization with my Employer.

APPLICANT SIGNATURE X _____

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