

SHELBY COUNTY SCHOOLS UNION MEMBERSHIP APPLICATION

Email address: info@seiu205.org.

Please print, except for signature



Name			Employer		
Address			E-Mail		
City	State	Zip	Social Security #		
Birth Date	Home Phone		Work Phone		
Department		Work Location		Shift	
Job Title			Employee I.D. #		
Signature			Date		
Witness Signature			Date		
Witness name (Please Print)					

Desiring to become a member of the above Union, I hereby make application for admission to membership, and designate the above union to act as collective bargaining representative for the collective bargaining unit in which I am employed.

I, the above signed, herewith authorize my employer to deduct from my wages each and every month my Union dues owing to Local 205 and direct that such amount so deducted be sent to the Treasurer of Local 205 for and on my behalf.

Authorization shall be irrevocable for a period of one (1) year and shall automatically be renewed unless the employee revokes such authorization by signing a cancellation card provided by the Union in the Union business office within the ten (10) day period immediately preceding the anniversary date of the authorization. The Union shall notify the employer of said cancellation.

While contributions or gifts to SEIU Local 205 are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.

This is not a solicitation seeking the withdrawal from any other Union.

SEE BACK FOR COPE FORM

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SERVICE EMPLOYEES
INTERNATIONAL UNION

