## UAW Local 2865 Membership Election Form

UAW Local 2865 is the Union representing 16,000 academic student employees (ASEs) at the University of California (UC). As <u>your</u> exclusive representative, the Union bargains wages, hours and terms and conditions of employment for all ASEs. **Pursuant to California State Law (Cal. Gov't Code 3583.5), if you are not a duespaying Union member, you are obligated to pay fair share fees as a condition of employment.** Deductions will commence with the first paycheck received. For further information on the benefits of joining your coworkers as a MEMBER, please visit www.uaw2865.org/membership.

I hereby <u>accept membership</u> in UAW Local 2865. I agree to pay a **one-time** \$10 initiation fee and monthly dues, currently 1.44% of gross pay. I authorize UC to deduct my initiation fee and monthly membership dues from my pay and remit them to the Union. Unless revoked, this authorization is to remain in effect for all periods of time in which I am a UAW member and receiving a paycheck for work performed as an ASE. As a member, I have the right to attend Union meetings, vote to ratify contracts, vote for Union representatives, and otherwise participate in the Union.

Or

I <u>decline membership</u> in UAW Local 2865. As a non-member, I will receive information about my obligation to pay the required fair share fees (currently 1.16% of gross pay) from my paychecks pursuant to California Law. So long as I am not a member, I will not have the right to attend Union meetings, vote to ratify contracts, vote for Union representatives, or otherwise participate in Union governance.

Print Name

Signature

Date

If accepting membership, please complete the following:

	Mobile Phone Number		Ho	ome Phon	e Number	Email (non-UC preferred)						
		MPLOYEE ORGANIZATION MEMBERSHIP AYROLL DEDUCTION AUTHORIZATION			CAMPUS	LOC	EMPLOY	'EE I.D.	DATE			
				PLEASE PRINT OR	ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:							
				TYPE	MONTHLY DEDUCTION							
	LAST NAME,	FIRST,	MID	DLE INITIAL			ENROLL	CANCEL	CURI AMC			
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OR		ME (INCLUDE LOCAL NA JAW Local 2865	ME AND I	NUMBER)	GENERAL ASSESSME	INT						
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## FOR UNIVERSITY USE ONLY

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