

Please return your completed membership application to your worksite organizer, chapter officer, scan and email to [jackie@osea.org](mailto:jackie@osea.org) or mail to: 4735 Liberty Rd. S., Salem OR, 97302.

## Application for OSEA Membership

(Please print clearly in ink)

LAST NAME	FIRST NAME	MI	PREFERRED NAME
MAILING ADDRESS	CITY	STATE	ZIP
STREET ADDRESS (if different from mailing address)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE (with extension)	
HOME EMAIL	WORK EMAIL		
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER (last four digits)	
EMPLOYER/SCHOOL DISTRICT	DATE OF HIRE		
JOB/CLASSIFICATION TITLE	WORKSITE		
PREVIOUSLY EMPLOYED WITH AN OSEA CHAPTER <input type="checkbox"/> Y <input type="checkbox"/> N	IF YES, WHERE? _____		

OFFICE  
USE ONLY

**Payroll Deduction for Membership Dues** (You must sign if you are to be a member) — I request and voluntarily authorize my employer to deduct from my wages the **monthly membership dues** for OSEA as certified by OSEA to my employer. This authorization shall remain in effect until cancelled in writing to OSEA and my employer.

**SIGNATURE (REQUIRED)**

DATE

### Life Insurance (OSEA Membership Required)

I authorize payroll deduction for the **group life insurance** premium. I understand that the annual premium is \$24 and will be deducted from my monthly payroll check. This request is contingent upon approval of my application by OSEA's insurance carrier.

FULL NAME OF BENEFICIARY	RELATIONSHIP
<b>SIGNATURE</b> (of OSEA member)	DATE

### Education and Labor Advocacy Fund (ELAF)

I authorize the employer to deduct from my salary (check box or fill in line):  \$2  \$4  \$8 **Other \$** \_\_\_\_\_ per pay period and forward that amount to OSEA as my contribution to the Education and Labor Advocacy Fund.

I understand I may revoke this authorization at any time by notifying my employer and OSEA in writing.

This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand that it is not a condition of union membership and that this money will be used to make political contributions to OSEA's Education and Labor Advocacy Fund. I understand this money will be used to make political contributions by AFT/COPE and that AFT/COPE may engage in joint fundraising efforts with AFL-CIO.

I understand contributions to the OSEA Education and Labor Advocacy Fund are not deductible for federal tax purposes but may be eligible for the Oregon Political Tax Credit. Contributions cannot be reimbursed or otherwise paid by any other person or entity.

**SIGNATURE**

DATE