

EXPLANATION OF THE MEMBERSHIP FORM & VOTE COPE
FOR OUTREACH TO NON-MEMBERS

The PSC membership form consists of two sides/pages: The first side/page is for signing up for PSC membership, and the second is for signing up for Vote COPE.

Side/page 1: the person completing the form needs to check off, sign, and date both the part for becoming a member and the part for paying dues. (It is not possible to be a member without paying dues.) They should read and understand the explanation in *each* section for how to withdraw from membership and from dues deduction in future, if they were to choose to do so. The dues rate is 1.05% of gross pay for full-time titles and 1% of gross pay for part-time titles.

They should also fully complete the next section asking for their personal information. Note that "college for membership" needs to be completed. For full-timers, this usually is the same as their payroll college. For part-timers who work at multiple CUNY campuses, however, they may differ. In that case, they need to choose the college chapter of which they wish to be a voting member.

Side/page 2: this part asks them to contribute to Vote COPE. Vote COPE is a *separate* fund, which the union can use to fund certain political activities for which membership dues cannot be used. A fuller explanation of Vote COPE and its importance can be found here: <https://psc-cuny.org/issues/issues-cope/>. This is a voluntary contribution, and they specify the dollar amount to be deducted from their paycheck each pay period under "Amount deducted per pay period." On the paper form, this whole section can be left blank if they do not wish to contribute to Vote COPE. On the online form, however, they will need to complete the section in order to submit the form. In this case, if they do not wish to contribute, they should write "0" for the "Amount" and then sign and date. They have to be a citizen or permanent resident in order to contribute to Vote COPE.

Below is a scanned copy of the Membership/Vote COPE Form for reference.

PSC MEMBERSHIP FORM UNION MEMBERSHIP

MEMBERSHIP APPLICATION AND AUTHORIZATION FOR DEDUCTION OF DUES



PROFESSIONAL STAFF CONGRESS
AFT Local #2334

YES, I choose PSC/CUNY membership!

I hereby request and accept membership in PSC/CUNY. I want the PSC to represent me in collective bargaining with my employer to advance and protect my economic and professional interests.

Membership is continuous and carries over from year to year. I may revoke this membership only by sending written notice by mail to the PSC.

I hereby agree to abide by the PSC Constitution and all related rules and regulations. I hereby authorize my employer to deduct the applicable membership dues and any duly authorized change in that amount from my salary/wages in each pay period and to remit the dues to the union.

Signature of Member _____ Date _____

YES, I will support my union by paying dues!

I hereby authorize my employer to deduct the applicable membership dues and any duly authorized change in that amount from my salary/wages in each pay period and to remit the dues to the union. The voluntary authorization and assignment of the dues deduction shall be irrevocable from the date below, regardless of whether I remain a member of the union, unless I send written notice of revocation by mail to the PSC. Such notice of revocation must be postmarked not fewer than 30 and not more than 40 calendar days before the yearly anniversary of the date below.

This authorization supersedes any prior PSC check-off authorization form I have signed. I recognize that my authorization of dues deductions and the continuation of such authorization from year to year is voluntary and is not a condition of my employment.

Signature of Member _____ Date _____

First Name: _____ Last Name: _____ MI: _____

Date Of Birth: Title: _____
M M D D Y Y

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone(H): _____ Phone (W): _____ Cell: _____

I grant permission to receive text message alerts from the PSC. Be sure to include your cell phone number if you want to receive text alerts. Message and data rates may apply.

Personal E-Mail: _____ Work E-Mail: _____

*College for Membership: _____ *Payroll College: _____

Department/Program: _____

**If you are employed as an hourly employee at more than one CUNY campus, choose the campus chapter to which you wish to belong as the college for membership. Graduate Assistants paid by the Graduate Center may choose to belong to the Graduate Center chapter or to the chapter where they are employed. If you are a new member your union membership becomes effective on the date this card is received in the PSC office.*

Important Notice

Should your employment status at CUNY change (due to retirement, leave of absence, change of college, or change from full-time to part-time, etc.), it is your responsibility to inform the PSC promptly and make arrangement for payment of appropriate union dues.

A member in arrears in payment of dues will be dropped and will forfeit all PSC/CUNY membership rights.

Dues may qualify in limited circumstances as an unreimbursed business expense for federal tax purposes (See IRS Publication 529.) Dues may be deductible on state tax returns; check state regulations for further information.

PSC CONTRIBUTION FORM

VOTE COPE CONTRIBUTION FORM

AUTHORIZATION FOR POLITICAL CONTRIBUTIONS



PROFESSIONAL STAFF CONGRESS

AFT Local #2334

First Name: [] Last Name: [] MI: []

Amount deducted per pay period: []

Effective no earlier than _____ (enter date you want check off to begin). I hereby authorize regular payroll deductions from my earnings in the amount specified hereon as a voluntary contribution to be paid to PSC/CUNY COPE, to be used in accordance with applicable law. PSC/CUNY COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with local, state, and federal elections. My contribution is voluntary, and I understand that it is not required as a condition of employment, and that I may revoke this authorization at any time by giving written notice to PSC/CUNY COPE, and such revocation will become effective when accepted into the employer's payroll system. This authorization supersedes all previous authorizations.

By submitting this form, I confirm that the following statements are true and accurate:

- I am a citizen or permanent resident of the United States.
- The funds I am contributing are my own personal funds and not those of another person.
- My contribution is not from the general treasury funds of a corporation, organization, or national bank.
- I am not a federal contractor.
- I am not a foreign national who lacks permanent resident status in the United States.
- I am at least 18 years of age.

Signature of Employee: _____ **Date:** _____

IN ACCORDANCE WITH FEDERAL LAW, THE PROFESSIONAL STAFF CONGRESS/CUNY COPE WILL ACCEPT CONTRIBUTIONS ONLY FROM MEMBERS OF THE PROFESSIONAL STAFF CONGRESS. CONTRIBUTIONS TO PSC/CUNY COPE ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES.

PSC/CUNY is AFT Local 2334. AFT/COPE files a report with the Federal Election Commission (FEC) on behalf of PSC/CUNY COPE. Copies are available for purchase through the FEC.

PSC/CUNY COPE, 61 Broadway, 15th FL., New York, NY 10006