PLEASE RETAIN FOR YOUR RECORDS

You are not a member of the union until the UUP Administrative Office receives your signed membership application. All Professional Services Negotiating Unit members pay an agency fee equal to union dues, even if they do not join the union.

Signing this card will not change the union deduction from your paycheck, but it entitles you to:

- vote on the collective bargaining agreement;
- attend union meetings;
- hold union office;
- elect union leaders on your campus and choose your representatives at the state and national levels;
- upon separation of service, obtain Associate Membership with NYSUT and be eligible for benefit programs; and
- maintain membership after retirement and be eligible for benefit programs.

Date Signed and Mailed: _____

UUP, P.O. Box 15143, Albany, N.Y. 12212-5143
(800) 342-4206

BACK TO UUP HOME PAGE

UUP Membership Application (It Doesn't Cost More to Join)

Last Name_____ First _____ MI._____ Phone ( ) _____

Street Address _____ Birth Date___/___/___ E-mail_____

City, State, Zip_____ Home Phone_____

SUNY Department_____ SUNY Title _____

Signature_____ Campus _____ Gender _____ Date_____

Annual membership dues in United University Professions are 1 percent of employee's basic annual salary for employees at or above the minimum salary negotiated for the bargaining unit; nine-tenths of 1 percent of employee's annual salary for employees earning less than the minimum salary negotiated for the bargaining unit.

Payroll Deduction Authority for UUP Membership

TO THE COMPTROLLER OF THE STATE OF NEW YORK: I am a member of or apply herewith for membership in United University Professions and I hereby authorize you to deduct from my salary and to pay over to United University Professions on a biweekly basis the above-stated dues in said organization. Such authorization is made in accordance with the provisions of Section 6a of the Finance Law. You are further authorized to make any adjustments in said deduction as may be certified to you from time to time by UUP. I hereby authorize United University Professions to act as my exclusive representative for the purpose of collective bargaining and in the administration of grievances. I understand this order may be revoked at any time by written notice to you to discontinue deductions for membership dues.

BE SURE YOU HAVE SIGNED THIS CARD and mail to UUP, P.O. Box 15143, Albany, N.Y. 12212-5143
Dues paid to United University Professions may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.