

**Union of Adjunct Faculty and Tutors at Manhattanville (UAFTAM) — Dues Deduction Authorization
Local 7997, New York State United Teachers (NYSUT), AFT, NEA, AFL-CIO**

I hereby authorize and direct Manhattanville University to deduct from my salary and to remit to the Union on my behalf, regular periodic Union membership dues or agency fees in the amount of 1.5% of gross earnings as specified in the By-laws of the Union of Adjunct Faculty and Tutors at Manhattanville, Local 7997, NYSUT, AFT, NEA, AFL-CIO. This authorization may be revoked by me as of any anniversary date hereof by written notice by me of such revocation, received by the University and the Union, by registered mail, return receipt requested, not more than sixty (60) days and not less than ten (10) days, before any such anniversary date, or on the termination date of the Collective Bargaining Agreement, by like notice, prior to such termination date, whichever occurs sooner. Per the Collective Bargaining Agreement between Manhattanville University and the Union of Adjunct Faculty and Tutors at Manhattanville, all employees represented by the Union of Adjunct Faculty and Tutors at Manhattanville are required to pay membership dues or agency fees to the Union within thirty (30) days of their employment as a condition of their employment at Manhattanville University.

Signature _____ Date _____

Name _____ SS# _____

TO AUTHORIZE THE AUTOMATIC DEDUCTION OF UNION DUES OR AGENCY FEES, FILL OUT AND SIGN ABOVE.

*** TO BECOME A UNION MEMBER, FILL OUT AND SIGN BELOW. PLEASE RETURN BOTH PARTS OF THE FORM TO THE UNION.**

**Union of Adjunct Faculty and Tutors at Manhattanville — Membership Application
Local 7997, New York State United Teachers (NYSUT), AFT, NEA, AFL-CIO**

I hereby enroll as a member of the Union of Adjunct Faculty and Tutors at Manhattanville ("UAFTAM"), Local 7997, New York State United Teachers (NYSUT), and its national affiliates, National Education Association (NEA), and the American Federation of Teachers (AFT), AFL-CIO. I understand that my membership will become effective on the first day of the month indicated on the signed enroll-ment form, is continuous, and carries over automatically from year to year.

- *Upon implementation of the first collective bargaining agreement between the University and the Union, I hereby agree to pay all applicable Union dues in a timely manner and to abide by the Local's Constitution.
- *Union dues are not deductible as charitable contributions for federal income tax purposes. Dues paid, however, may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.
- *Dues for membership in NYSUT, AFT (AFL-CIO) are as specified in each respective organization's Constitution and By-laws, and the amounts of dues may be amended from time to time.
- *I understand that the benefits of membership include the right to run for and hold Union office, the right to participate in Union governance, the right to vote in Union elections and attend Union meetings, the right to have input regarding collective bargaining proposals, and the right to vote on the ratification of the collective bargaining agreements.

Signature _____ Date _____

Name _____ Department _____
(Please print)

Are you a NYSUT/AFT member at another institution? (If yes, where?) _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone (and/or Home Phone) _____ Office Phone _____

Non mville.edu Email _____ mville.edu Email _____

**Submit this form to Human.Resources@mville.edu and Cynthia.Cheney@mville.edu to be enrolled in NYSUT.
Upon enrollment, visit NYSUT.org to complete your registration. For questions on registration, contact
Tom.McMahon@nysut.org or call (914) 592-4411.**

V.08/10/12

For Office Use Only: DateInput _____ / DateNYSUT _____ / DateInst _____ / Date PA _____ / Memb# _____