



**Yes, I want to become a member of UPTE-CWA to secure fair pay increases and protect my benefits and other working conditions!**

**Please fill out the form and sign below.** Dues are 1.15% of gross salary, capped at \$22 per month. Your dues may be tax deductible.

**CAMPUS**

- Berkeley     Santa Cruz     San Francisco     Davis     Santa Barbara     Merced  
 LBNL     UCOP     Riverside     Irvine     Los Angeles     San Diego

_____ NAME		_____ EMPLOYEE NUMBER	_____ JOB TITLE
_____ HOME ADDRESS		_____ WORK PHONE	_____ HOME PHONE
_____ CITY/STATE/ZIP		_____ WORK LOCATION (BUILDING/ROOM/CAMPUS)	
_____ NAME OF PERSON WHO ASKED ME TO JOIN (if applicable)		_____ PERSONAL EMAIL	_____ CELL PHONE /TEXT <input type="checkbox"/> <i>No texts please.</i>

**UPTE's Political Action Fund (PAF):** Our political action fund. No UPTE dues money goes to support politicians, so this fund helps legislators get elected who support UC workers. (You may use this form for initial sign up or to increase your contribution.)

Please select a monthly contribution:     \$20     \$15     \$10     \$5     more: \_\_\_\_\_

**UPTE's charity of choice is the Elizabeth Glaser Pediatric AIDS Foundation.**

Please consider making a monthly contribution of any amount.    \$

Effective immediately, I hereby request and authorize you, in accordance with the rules and regulations of the University of California, to deduct from my earnings for each payroll period an amount sufficient to provide for the regular payment of dues at the rate duly established and certified in writing by UPTE-CWA 9119 and any other deductions I have indicated above, unless I have insufficient earnings in any payroll to cover the amount of such deductions.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE

**PLEASE NOTE:**

To save resources and speed your membership application, you may scan/photograph this form and email it to:

[membership@upte-cwa.org](mailto:membership@upte-cwa.org)