

# UPTE STRONG! Affirm your commitment to outstanding UC jobs.

UPTE-CWA members have won excellent raises and preserved superb benefits and pensions. But now UC executives and anti-union politicians are seeking to erode our pay and benefits. All current and not-yet-members of UPTE need to sign this membership affirmation to preserve our achievements.



Your position at UC is covered by an UPTE-CWA union contract. The contract determines your pay, benefits, and working conditions. Dues are the same for everyone and set uniformly by UPTE.

## 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)	EMAIL	CELL PHONE/TEXT <input type="checkbox"/> <i>Please do not text me.</i>

## MEMBERSHIP APPLICATION

**Authorization:** I apply to become a member of UPTE. I enter into this agreement in return for the privileges of UPTE membership and the long-term benefit of union representation. I direct UC to deduct membership dues from my monthly pay, and to transfer that money to UPTE. I can end my membership by following instructions in my union contract (found at [www.upte-cwa.org](http://www.upte-cwa.org)), or as otherwise allowed by law. I understand that both union members and nonmembers benefit from representation and should contribute. If I resign or have resigned my union membership and the law no longer requires nonmembers to pay a fair share fee, I nevertheless agree voluntarily to contribute my fair share by paying a service fee in an amount equal to dues. I direct UC to deduct this service fee from my monthly pay and to transfer that money to UPTE. I understand that this voluntary service fee authorization shall renew each year on the anniversary of the date I sign below, unless I mail a signed revocation letter to UPTE's central office, postmarked between 75 days and 45 days before such annual renewal date.

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SIGNATURE DATE

## POLITICAL ACTION FUND (PAF) AUTHORIZATION

**Authorization:** As public employees, we require a strong voice and resources to impact the government that funds us and passes laws that affect us. We do not use union dues or fees for elections. Instead, we need contributions from members like you to protect and improve our jobs and working conditions. Any contribution you make is voluntary and will go to the Communications Workers of America-COPE Political Contributions Committee for the purpose of making contribution in federal elections to protect and advance the interests of working people, including UPTE members and their families. Your contribution is separate from your union dues and is not a condition of membership. No favor or disadvantage will result from contributing or refusing to do so, and you are free to contribute more or less than the suggested amounts. Additionally, to comply with federal law, we must use our best efforts to collect and report the name, mailing address, occupation and name of employer for individuals whose contributions exceed \$200 per election cycle. Contributions or gifts to the CWA-COPE PCC are not tax deductible as charitable contributions.

**Yes,** I want to contribute the following amount to CWA's PAF:  \$10 per month  \$20 per month  \$40 per month  \$\_\_\_ per month

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SIGNATURE DATE

For university use only

TRAN CODE		EMPLOYEE ID NO.	DATE			ELEMENT NO.	BAL CD	AMOUNT		
1	2	4	12	13	18	19	22	23	23	30
			MO	DY	YR					
X1			.	.	.	6		G	.....	
X1			.	.	.	6		G	.....	
X1			.	.	.	6		G	.....	