



APPLICATION FOR MEMBERSHIP & COPA DEDUCTION

Name: _____ Employee ID or SSN: _____

Birth Date: _____ Gender: Female Male

CONTACT INFORMATION:

Address (City/State/Zip Code): _____

Personal Email: _____ Cell Phone: _____

Work Email: _____ Work Phone: _____

Best way to reach you: _____ Best Time: _____ Home Phone: _____

EMPLOYMENT INFORMATION:

Employer: _____

Department/Work Site: _____

Job Title: _____ Hire Date: _____

Grade: _____ Step: _____ Shift: _____ Wkly Salary: _____

I hereby make application for membership in the SEIU Local 888. I hereby authorize my employer to deduct from my salary, per pay period the current SEIU Local 888 dues, including subsequent dues changes as duly adopted by SEIU Local 888 members. You are hereby authorized to make a deduction from my salary, in the total amount indicated for organization dues, and transmit the deduction to SEIU Local 888. This authorization shall remain in force until cancelled by written notice from SEIU Local 888.

Signature: _____ Date: _____

SEIU COMMITTEE ON POLITICAL ACTION (COPA) DEDUCTION:

I hereby authorize my local union to file this payroll deduction form on my behalf with my employer to withhold:

\$2.00 \$3.00 \$5.00 \$9.00 \$_____ other amount

weekly from my pay as a voluntary contribution to SEIU COPA and to transmit that amount to SEIU Local 888.

Please read the following before signing – I am volunteering to contribute to the SEIU Committee on Political Action (COPA) to hold elected officials accountable to working families. I understand that: 1) I am not required to sign this form or make COPA contributions as a condition of my employment by my employer or membership to the union; 2) I may refuse to contribute without any reprisal; 3) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPA; 4) The amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from the union or my employer; and 5) SEIU 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, federal, state, and local elections. This authorization shall remain in full force and effect until revoked in writing by me. Contributions to SEIU COPA are not deductible for tax purposes. If payroll checkoff: I authorize my local union to file this payroll deduction with my employer and for my employer to forward the amount specified to my local union.

Signature: _____ Date: _____

Fold and tear here

KNOW YOUR RIGHTS

If your Supervisor or Administrator wants to meet, you should:

- Ask about the topic and purpose of the meeting.
- Have a Union Representative (Steward or Representative/Organizer) present.

What is discipline?

- A verbal or written reprimand, counseling, suspension or termination.

Your Responsibility:

- Ask for a Union Representative.
- You do not have to answer any questions unless a representative is present.
- Meet with management. You may ask for a postponement of the meeting.
- Never refuse to meet. This is insubordination and a reason for being fired.

PROTECT YOURSELF AND YOUR CO-WORKERS

Share this information

Fax Application Instructions:

1. Fill out card completely (Print Clearly)
2. Sign
3. Fax this page only to 617-241-5150

Committee on Political Action (COPA)

COPA helps us fight back against budget cuts to public services and threats to our contract rights with member activities, electoral campaign work and legislative advocacy, locally and statewide.

What is COPA?

COPA is our Local's political action fund (PAC). Through COPA, we can fight harder and smarter for the pro-workers laws and legislation, and elect pro-worker candidates who will support working families.

Why is COPA Necessary?

Elected officials vote on your salaries everyday. A strong COPA enables our Local to allocate resources for political work that **ensures members receive good benefits** and our voices are heard in the halls of power.

Remember... Whoever gets elected this November will decide whether Medicaid, MassHealth, and community jobs are protected or attacked.

Things got so bad because Wall Street has been using its money to influence Congress more than ever. That's why we need to step up and make sure our votes and our voices count, especially this year.

Don't let the 1% run our state or our country!
Join COPA Today!

Why should I contribute?

Simple: full membership participation in COPA sends a strong message that you and the members of SEIU Local 888 take politics seriously. It gives us the resources to fight for pro-worker laws, and funding for the services you and your family care about.

COPA fights for the elected officials that stand up for working people, regardless of party.

Fold along line



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 31505 BOSTON MA

POSTAGE WILL BE PAID BY ADDRESSEE

**SEIU LOCAL 888
52 ROLAND ST STE 101
CHARLESTOWN MA 02129-9809**



Fold and tear here ✂

Mailing Application Instructions:

1. Fill out card completely (Print Clearly)
2. Sign
3. Print it 2-Sided Printing
4. Tear along black line
5. Fold in half with Business Reply on the outside
6. Return to SEIU Local 888 via U.S. Postal Service