

CUE Local 3
 2855 Telegraph Avenue, #302
 Berkeley, California 94705

MEMBERSHIP FORM

Last Name:	First Name:	M.I.:
Home mailing address:		
(Street number & name)	(City)	(Zip)
Home phone: () -	Work phone: () -	
Non-work email address:		Work email address:
Use my <input type="radio"/> work or <input type="radio"/> non-work email address to contact me (please check one).		
Work Department:	Work building, room #, mail code:	
Work mailing address (if different from above) Please include mail code; give city & zip if off-campus location:		
Payroll title (not working title):		

Campus & Location - check one : <input type="radio"/> Berkeley campus (location 1) or <input type="radio"/> UCOP (location 4)	Employee ID #	MONTHLY DEDUCTION Organization Name: <i>Coalition of University Employees</i>						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Dues</td> <td style="width: 33%;">Enroll</td> <td style="width: 33%;">Current amount</td> </tr> <tr> <td>Total:</td> <td style="text-align: center;"><i>yes</i></td> <td style="text-align: center;"><i>0.5% (1/2 of 1%) per month</i></td> </tr> </table>	Dues	Enroll	Current amount	Total:	<i>yes</i>	<i>0.5% (1/2 of 1%) per month</i>
Dues	Enroll	Current amount						
Total:	<i>yes</i>	<i>0.5% (1/2 of 1%) per month</i>						

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above. I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees, and general assessments. I also understand that changes in the rate of dues, initiation fees and general assessments may be made after notice to that effect is given to the University by the organization to which such authorized deductions are assigned and I hereby expressly agree that pursuant to such notice the University may withhold from my earnings amounts either greater than or less than those shown above without obligation to inform me before doing so or to seek additional authorization from me for such withholdings. The University will remit the amount deducted to the official designated by the organization. This authorization shall remain in effect until revoked by me—allowing up to 30 days' time to change the payroll records in order to make effective this assignment of revocation thereof - or until another employee organization becomes my exclusive representative. It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect. This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made. Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in a subsequent pay period for membership dues, initiation fees and general assessments.

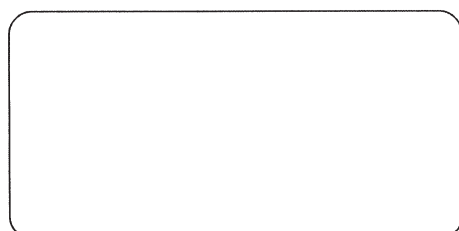
--- NOTE FROM CUE ---
 CUE does not charge initiation or general assessment fees. The dues rate is fixed by the union constitution and requires a vote by the membership to be changed.

Employee signature:	Date: mo day year
(Action on this form to become effective with the paycheck following submission of this signed form.)	

Please sign & date, then return completed form to CUE; do not submit directly to Payroll or Labor Relations.

10-03

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	.	.

CUE Coalition of University Employees

2855 Telegraph Ave., #302
Berkeley, CA 94705



CUE Coalition of University Employees

Statewide Office:

2855 Telegraph Avenue, #302
Berkeley, CA 94705

phone: 510-845-2221

email: clericals@cueunion.org

web: www.cueunion.org

Local 3 Office:

2142 Oxford Street
Berkeley, CA 94704

phone: 510-841-0700

email: berkeleycue@earthlink.net

Please mail membership form to the state-wide office.

WHO MAY JOIN CUE?

Any non-supervisory career, or probationary, limited term or floater employee whose payroll title is in UC's clerical and allied services unit, including: Administrative Assistants, Assistants, Bibliographers, Cashiers, Child Care Assistants, Clerks, Coders, Collections Representatives, Key Entry Operators, Library Assistants, Program Assistants, Public Safety Dispatchers, Secretaries, Survey Workers, Word Processing Specialists, and others. Please contact CUE if you have any questions.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 3821 BERKELEY, CA

POSTAGE WILL BE PAID BY ADDRESSEE



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