

**ESSEX COUNTY COLLEGE CHAPTER 6370**

**UNITED ADJUNCT FACULTY NJ, AFT, AFTNJ, AFL-CIO, Local 2222**

**MEMBERSHIP AND DUES AUTHORIZATION FORM**

**MEMBERSHIP:** I hereby apply for and voluntarily accept membership in the Union and agree to abide by its By Laws. I authorize the Union to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with the College. My membership in the Union shall be continuous unless I notify my Chapter Secretary/Treasurer, in writing, that I intend to withdraw my membership.

**DUES PAYMENT AUTHORIZATION:** I hereby authorize Essex County College to deduct 2% dues, through payroll deductions, from my earnings each pay period for the current and succeeding semesters. Said dues monies will be sent to the Chapter. I understand that I may revoke this authorization in a written statement to the College during the 10 days following each anniversary date, which will be effective on the 30th day after my anniversary of employment.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

**I AGREE TO BOTH THE MEMBERSHIP AND DUES AUTHORIZATIONS (initial)** \_\_\_\_\_

NAME(Print) \_\_\_\_\_ PHONE(home) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE(cell) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ PERSONAL EMAIL \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

MAIL COMPLETED FORM TO: ECCAFF, P.O.BOX 481, UNION, NJ 07083