

MEMBERSHIP FORM: United Faculty & Academic Staff, Local 223

Last Name:		Home Phone:
First Name:		Mobile Phone:
Billing Address:		Work Phone:
Billing City:		Work Location:
Billing State:	Billing Zip:	Personal Email:
<input type="checkbox"/> Billing address is also my home address		Work Email:

Monthly Dues Amount	\$	FOR OFFICE USE
Monthly COPE Amount	<input type="checkbox"/> \$4 <input type="checkbox"/> \$6 <input type="checkbox"/> Other: \$	
Total Monthly Draft	\$	

I authorize AFT-Wisconsin to draft my account each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by AFT-Wisconsin. I agree this authorization remains in effect until terminated in writing by me.

(PAYROLL DEDUCTION: *In the event that payroll dues deduction goes into effect, I hereby authorize the University of Wisconsin to deduct each payroll period from my wages the membership dues for United Faculty & Academic Staff, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the University of Wisconsin unless terminated by me upon written notice to: Local 223 Treasurer. When payroll deduction is in effect, termination of employment will automatically terminate dues deduction.*)

I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

I agree to be a member of United Faculty & Academic Staff, authorize United Faculty & Academic Staff to represent me to the fullest extent of the law, and accept the terms of the agreement above.

Signature _____ Date _____

COPE DISCLOSURE: I hereby authorize a monthly contribution to the AFT-Wisconsin COPE in the amount indicated above. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT-Wisconsin COPE. AFT-Wisconsin COPE may engage in joint fundraising efforts with AFT COPE and/or the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT-Wisconsin COPE in writing of the desire to do so. Contribution or gifts to AFT-Wisconsin COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity.

(COPE PAYROLL DEDUCTION: *In the event that payroll deduction goes into effect, I also hereby authorize the University of Wisconsin to deduct from my wages the voluntary COPE contribution for AFT-Wisconsin in the amount indicated above.*)

I have read and accept the terms of the COPE agreement above.

Signature _____ Date _____

Payment Type (please select 1 of the 3 options below):

<input type="checkbox"/> Bank Draft OPTION #1	<input type="checkbox"/> Credit/Debit Card OPTION #2
Bank Name:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC
Draft Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Name on Card:
Bank Routing Number (9 digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Number:
Bank Account Number:	Expiration Date:
<input type="checkbox"/> Personal Check OPTION #3	
Frequency: <input type="checkbox"/> Annual Payment <input type="checkbox"/> Semi-Annual Payment <input type="checkbox"/> Quarterly Payment	
Make checks payable to "Local 223" and mail to the Local 223 Treasurer.	

Guide to Filling Out Your NEW UFAS Union Card

UFAS has a new dues structure. You will declare your dues category based upon your income level.

Group #	Monthly Salary Range	Dues
0	Less than \$1111.00	\$10.00
1	\$1111.00 to \$2221.99	\$15.31
2	\$2222.00 to \$3332.99	\$24.66
3	\$3333.00 to \$4443.99	\$35.34
4	\$4444.00 to \$5554.99	\$44.38
5	\$5555.00 to \$6665.99	\$53.75
6	\$6666.00 to \$7776.99	\$63.85
7	\$7777.00 to \$8887.99	\$75.30
8	\$8888.00 to \$9999.99	\$86.60
9	\$10000 to 11110.99	\$95.94
10	\$11111.00 to above	\$128.38

In our new dues structure, your annual dues rate should closely match the amount of dues you were paying yearly under payroll deduction, which is 0.9% of your annual salary. These deductions will be taken on a monthly basis and your contributions will continue throughout the summer.

Individuals who are paid 12 months per year can look their gross monthly salary above and determine the amount of dues to pay in that group. Members who are paid on the academic calendar year (i.e., 9 months per year) will pay 75% of what is listed above.

9-month employees should calculate their dues rate as follows:

(Monthly Salary Amount) x 0.75 = Adj. Salary Amount

Find your Adj. Salary Amount on the chart above and that's your Group

For example, if you are paid based on the academic year and your gross monthly salary is \$4267.43, you would calculate your dues as follows:

\$4267.43 monthly salary multiplied by 0.75 (75%) = \$3200.57.

\$3200.57 is in group 2 and the dues amount to be paid is \$24.66.