



# MARIN ASSOCIATION OF PUBLIC EMPLOYEES (MAPE)

## MEMBERSHIP APPLICATION – PAYROLL DEDUCTION AUTHORIZATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Department \_\_\_\_\_ Worksite \_\_\_\_\_ Personnel # \_\_\_\_\_

Job Title \_\_\_\_\_ Bargaining Unit \_\_\_\_\_

Work Email \_\_\_\_\_

Personal Email \_\_\_\_\_

### Membership Agreement

I want to join or renew my membership in MAPE. I enter into this agreement in return for the privileges of MAPE union membership and the long-term benefit of union representation. I direct my employer to deduct from my pay and transfer to MAPE membership dues/fees/contributions as established by MAPE and as may be periodically adjusted, per MAPE's bylaws. I understand that I may resign my membership at any time, and that my membership and payroll deductions are voluntary and not a condition of employment. However, I understand that strong representation requires all employees to contribute. If I resign my membership, I nevertheless voluntarily agree that contributions in an amount equivalent to dues shall continue and this authorization shall automatically renew annually, irrespective of my membership status, unless and until I submit a timely signed revocation of this authorization. To be timely, a revocation must be mailed to MAPE's central office, postmarked during the 30-day period immediately prior to the annual anniversary of the date I sign below.

I understand that union dues and fees are not tax-deductible as charitable contributions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return to MAPE, 16 Mitchell Blvd., San Rafael, CA 94903  
415-479-6273**