



# Federation of Public Employees

A Division of National Federation of Public and Private Employees (AFL-CIO)  
An Affiliate of District 1 – MEBA (AFL-CIO)  
1700 NW 66<sup>th</sup> Avenue, Suite 100, Plantation, Florida 33313  
Phone: (954) 797-7575 ~ Fax: (954) 797-2922

- Application for Membership** or
- Notice of New Employment**

Employer \_\_\_\_\_ Hire Date \_\_\_\_\_

I hereby apply for membership in the Federation of Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO). In so doing, I agree and promise to faithfully obey the Constitution and By-Laws and to conform to all the rules of the Federation, pending the final acceptance as a member.

Further, I attest that I do not believe in, and am not a member of, nor do I support any organization that believes in or teaches the overthrow of the United States government, by force or by illegal or unconstitutional methods. I certify that the statements in this application are true.

I further designate the beneficiary identified below for purposes of any and all union sponsored benefits unless otherwise designated on a separate form specific to that benefit:

**(Please Print or Type)**

Name (print) \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Last First Middle area code number area code number

Birth date: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_ Employee # \_\_\_\_\_

Job Classification: \_\_\_\_\_ Marital Status: \_\_\_\_\_  male  female

Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

E-Mail Address \_\_\_\_\_

Previous Membership: Date Withdrawn: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Closest Living Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please circle your shirt size: S M L XL XXL XXXL

## **Authorization to Deduct**

To (My Employer)

I hereby assign to the Federation of Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO), from any wages earned or to be earned by me as your employee, my periodic dues in such amounts as are now or hereafter established by the Federation and become due to it as my membership dues in said Federation.

This assignment, authorization and direction shall be revocable at any time upon thirty (30) days written notification to my employers and the Federation.

Dues, contributions or gifts to the Federation of the Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1-MEBA (AFL-CIO), are not deductible as charitable contributions for Federal Income Tax purposes. Dues paid to the Federation of Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO), however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

Department/Location: \_\_\_\_\_ Name (print): \_\_\_\_\_

Work and/or Pager #: \_\_\_\_\_ Name (signature) \_\_\_\_\_

Soc. Security #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PUB**.revised 05/10/06

### **For Office Use Only**

Date Approved by DIC: \_\_\_\_\_ Date Approved by Membership: \_\_\_\_\_ Representative's Signature: \_\_\_\_\_