



New York State Public Employees Federation, AFL-CIO

PEF MEMBERSHIP APPLICATION and DUES PAYROLL DEDUCTION AUTHORIZATION

TO BECOME A MEMBER – Complete this application form and mail it in the enclosed business reply envelope.

Last Name _____ First Name _____ M. I. _____ Social Security No. _____
 First Line Street Address _____ Second Line Street Address _____ City _____ State _____
 Zip Code _____ County _____ Home Telephone No. _____ E-Mail Address (Home) _____
 Job Title _____ Payroll Item No. _____ Agency/Dept. _____ Agency Code _____
 Facility/Institution _____ Work Location (Address) _____ Work Telephone No. _____ Work E-Mail Address _____
 Name of Local PEF Division _____ PEF Division No. _____ PEF Steward's Name _____ Member Mobilizer's Name _____

Have you received an orientation to PEF? No Yes - When (date): _____

Have you served in the U.S. Military? No Yes - Date of Service: _____

To The Comptroller of the State of New York:

Pursuant to Section 6a of the State Finance Law, I hereby authorize you to deduct from my salary bi-weekly the necessary amount to cover membership dues payable on my behalf to NEW YORK STATE PUBLIC EMPLOYEES FEDERATION, AFL-CIO. You are further authorized to make any necessary changes in the amount of such dues or insurance premiums. This authorization shall remain in effect until revoked by me by written notice to you by certified mail or until otherwise revoked pursuant to law.

Date _____ Signature of Employee _____

MEMBER MOBILIZATION

PEF needs to utilize the power of an active informed membership to secure Stronger Contracts, Job Security, Retirement Reform, Merit System Enforcement and Full Staffing. Let us know how you are willing to participate as an active informed member:



Yes, you can count on me to:

- Go to a union meeting
- Wear a button
- Display different cards/slogans/stickers at work
- Wear a sticker
- Sign a petition
- Help compose letters/flyers
- Wear special color (ribbon/T-shirt) on specific days
- Help distribute literature to coworkers
- Call a legislator
- Help design posters, slogans, etc.
- Phone other members at home after work
- Help with planning other actions
- Write to legislators
- Participate in a rally/informational picket
- Meet with a legislator with a group of PEF members
- Participate in legal work actions

I want to volunteer to be a Member Mobilizer

Yes, keep me informed! Sign me up for the AIM E-Mail Network.

I want to contribute to COPE. (Complete the enclosed COPE authorization form)

Please send me information on the following Membership Benefits:

- Term Life Insurance
- Automobile Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Defensive Driving Course
- PEF Legal Plan
- Homeowners Insurance
- Renters Insurance
- Amusement Park Discounts
- Ski Discounts
- Movie Ticket/Video Rental Discounts
- Baseball Discounts
- Exam Fee Reimbursement
- Simply Certificates
- Wireless Phone Program
- WrapPlan Term Life Coordination Program
- Universal Life Insurance
- Private Retirement Annuity and Roth IRA
- PEF Travel Corp.
- Universal Studios Tickets

Please return white and yellow copies to PEF. Keep pink copy for your records.