



STATEWIDE UNIVERSITY POLICE ASSOCIATION

Application for Membership and Salary Deduction Authorization

PLEASE PRINT

Social Security Number _____ Campus _____

Last Name _____ First Name _____ MI _____ DOB |_____|_____|_____|
 Mo Day Yr

Street Address _____ City _____ State _____ Zip _____ (_____)_____
 Cell Telephone

Date of Hire _____ Email Address _____ (_____)_____
 Work Telephone

Job Classification Code: (check one)

Police Officer

Police Corporal

Police Sergeant

I wish to be represented by SUPA as my sole and exclusive collective bargaining representative for all matters relating to wages, hours and other terms and conditions of employment.

I hereby apply for membership in the Statewide University Police Association (SUPA) and agree to abide by the Constitution and Bylaws and written policy of the Association at any level and authorize my employer to deduct from my salary and pay to SUPA the periodic dues or other deductions for services provided by or through SUPA. If an increase or decrease in dues or other deductions is adopted by SUPA, this authorization shall include the then-established dues or other deductions and no new authorization shall be required.

*NOTE: Your SUPA membership in good standing for purposes of establishing voting rights and eligibility to hold SUPA offices will not commence until the first of the month after the first payroll deduction has been taken, unless cash payment for the interim period is remitted with this application. **Full dues paying SUPA Members** receive labor relations representation, membership in PORAC and LDF coverage. **Fair Share fee payers** only receive labor relations representation.

Date _____ Member's signature _____ Director's Signature _____ Treasurer's signature _____