



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 _____

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

Personal e-mail address (please print) _____

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

Please send me information on the following Membership Benefits (check selections):

- | | |
|--|---|
| <input type="checkbox"/> Term Life Insurance | <input type="checkbox"/> Defensive Driving Course |
| <input type="checkbox"/> Automobile/Home Insurance | <input type="checkbox"/> Entertainment Benefits |
| <input type="checkbox"/> Short-Term Disability Insurance | <input type="checkbox"/> Exam Fee Reimbursement |
| <input type="checkbox"/> Long-Term Disability Insurance | <input type="checkbox"/> PEF Travel Services |