



WE ARE THE CLASSIFIED EMPLOYEES OF LCC
Lane Community College Employee Federation
Local 2417, AFT-Oregon, American Federation of Teachers, AFL-CIO
Web: lccef.org • Email: lccef@lanecc.edu

Because—

- ☞ I demand fair wages, benefits, and working conditions
- ☞ I want to defend working people against unjust labor practices
- ☞ I'm ready to build our strength using our power in numbers

I commit to joining my colleagues in Local 2417, Lane Community College Employee Federation, AFT-Oregon, AFL-CIO, to win the salary increases, benefits and job protections we count on. More members, more power!

PLEASE DETACH AND RETURN LOWER HALF - THANK YOU

PRINT NAME	L#
OFFICE LOCATION	JOB TITLE & DEPARTMENT FT <input type="checkbox"/> PT <input type="checkbox"/> Hourly <input type="checkbox"/>
MOBILE PHONE OK to receive text updates? <input type="checkbox"/>	NON-WORK EMAIL

I commit to my union membership in Local 2417, Lane Community College Employee Federation, AFT-Oregon, American Federation of Teachers, AFL-CIO (LCCEF). I agree to abide by its constitution and bylaws and I authorize the union to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

I hereby request and voluntarily authorize my employer to deduct from my wages an amount equal to the regular monthly dues uniformly applicable to members of LCCEF, and further that such amount so deducted be sent to LCCEF for and on my behalf. This authorization shall remain in effect and shall be irrevocable for a period of one year from the date of this authorization and shall be renewed from year to year thereafter, irrespective of my membership in LCCEF, unless I notify both my employer and LCCEF in writing, with my valid signature, of my desire to revoke this authorization during the 30 days preceding the anniversary date of this agreement.

While contributions or gifts to LCCEF are not tax-deductible as charitable contributions for federal income tax purposes, they may be tax-deductible under other provisions of the Internal Revenue Code. The invalidity or unenforceability of any particular provision hereof shall not affect the other provisions, and this agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted. By signing and submitting this form, it shows that I agree with the terms above.

SIGNATURE/DATE

Pay Period Gross	Member Dues
\$1,500.00 or more	\$31.15
\$780.33 - \$1,499.99	\$22.40
\$645.42 - \$780.32	\$17.58
\$583.34 - \$645.41	\$15.17
\$416.67 - \$583.33	\$10.79
\$391.88 - \$416.66	\$9.94
\$354.17 - \$391.87	\$8.73
\$208.33 - \$354.16	\$6.55
\$208.32 or less	\$5.69

MY COMMITMENTS:

I will build my union by *(copy from below)*:

I am contributing to my union's political action fund *(copy from below)*:

I want to build my union. Let me know about volunteer opportunities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Worksite leader | <input type="checkbox"/> Organizing events | <input type="checkbox"/> Share info with co-workers |
| <input type="checkbox"/> Social justice | <input type="checkbox"/> Political action | <input type="checkbox"/> Address co-worker concerns |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Training & education | |

I want to contribute to the AFT-Oregon Political Action Fund with a payroll deduction:

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> \$5/month | <input type="checkbox"/> \$15/month | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$10/month | <input type="checkbox"/> \$20/month | |

This contribution may qualify for the Oregon Political Tax Credit. Qualifying single filers are eligible for a credit of \$50/year; qualifying joint filers \$100/year. I hereby authorize my employer to deduct the designated amount from my wages and forward to AFT-Oregon. This authorization is voluntarily signed, without fear of reprisal. I understand that this form is not a condition of union membership. I may revoke this authorization at any time by notifying my payroll department in writing. I understand this money will be used to make political contributions to AFT-Oregon's Political Action Fund (PAF), and that AFT-Oregon and its PAF may engage in joint fundraising efforts with other AFT affiliates and/or the AFL-CIO. I understand that contributions to AFT-Oregon's PAF are not deductible for federal tax purposes.

SIGNATURE/DATE

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