



MEMBERSHIP FORM

AUTHORIZATION & DUES DEDUCTION/ CHECKOFF AUTHORIZATION FORM

YES! I want to join my colleagues and become a member of the Anchorage Principals' Association (APA). I hereby request and voluntarily accept membership in APA. I authorize APA to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer. Please fill out this form and scan and email it to hernandez_maria@asdk12.org or send it through inter district mail to Maria Hernandez at Stellar Secondary.

I recognize the need for an effective association and believe everyone represented by our association should pay their fair share to support our association's representational work. ***I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to APA an amount equal to the regular monthly dues uniformly applicable to members of APA.*** This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. Mail to both the employer and APA Association.

*By providing my personal phone number or personal email, I understand that the APA designee may contact me on a periodic basis.

Full Legal Name: _____

Employee ID# or Last 4 digits of your SS: _____ Hire Date: _____

Personal Cell Phone #: _____

Home Address: _____
City, State, Zip

Job Title: _____ Work Location: _____

Personal email address: _____

Signature: _____ Date: _____

Protecting pay, benefits and working conditions for APA members is our number one priority. Our negotiating power depends on the participation of association members, like you, standing up for our rights as valuable public service employees. Being active in your association is one of the most valuable rights you have as a member. Please let us know how you would like to be involved in your union:

- ☐ Organizing Social Gatherings
- ☐ Getting co-workers more involved in events, current issues
- ☐ Attending meetings
- ☐ Working on upcoming contract negotiations

APA Alerts	
I prefer to be contacted by: (Please check all that apply)	
☐	Text
☐	Email
☐	Voice Call
☐	In Person Meeting
☐	ZOOM meeting
☐	Do Not Contact