

Membership Application and Salary Deduction Authorization

PLEASE PRINT CLEARLY

Name:	Employee ID No.:
(Full Legal Name) E-mail:	
(work email address @powayusd.com)	Job Title:
Alternate E-mail:	Work Site:
(personal email address that you would like to rec	
Home Address:	Home Phone No.:
	Cell Phone No.:
(City/State/ZIP) I hereby apply for membership in the Poway School	Employees Association (PSEA), agree to abide by the governing documents of PSEA,
	for the purpose of meeting and conferring with the Poway Unified School District
(PUSD) over hours, wages and other terms and con	ditions of employment.
I hereby further authorize PUSD to deduct from my	salary and pay to PSEA the periodic dues for services provided by or through PSEA.
If PSEA, by vote of the membership , subsequently	y adopts a decrease or increase in dues, this authorization shall include the then-
	pe required. I understand that this authorization shall remain in effect during any
	9-month reemployment list. In addition, I agree that this authorization shall remain from the date I sign this authorization. Further, I agree that this authorization will
	iversary date of my signing this authorization, unless I revoke it by sending written
	to, and no later than, the anniversary date of my signing this authorization.
Signature:	Date:
Po	oway School Employees Association
	Member Volunteer Form
_	ng and effective as possible is up to all of us! Please indicate below whether SEA members who have volunteered to help build our union.
YES, I want to get more involved in P	SEA. I am interested in (mark as many as apply):
Signing up my co-workers as PSEA members	
Assisting with grievances and	employee representation
Helping to run PSEA's internal	elections
Providing support for the PSE	A Negotiation Team
Filing and other office work in	the PSEA Office
Other (please specify)
Volunteering in any way PSEA	needs