



# Membership Application and Salary Deduction Authorization

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Employee ID No.: \_\_\_\_\_

(Full Legal Name)

E-mail: \_\_\_\_\_ Job Title: \_\_\_\_\_

(work email address @powayusd.com)

Alternate E-mail: \_\_\_\_\_ Work Site: \_\_\_\_\_

(personal email address that you would like to receive PSEA information )

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, and authorize it to be my exclusive representative for the purpose of meeting and conferring with the Poway Unified School District (PUSD) over hours, wages and other terms and conditions 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 adopts a decrease or increase in dues, this authorization shall include the then-established dues and no new authorization shall be required. I understand that this authorization shall remain in effect during any period in which I am on a leave of absence or on a 39-month reemployment list. In addition, I agree that this authorization shall remain in effect and shall be irrevocable for one (1) year from the date I sign this authorization. Further, I agree that this authorization will automatically renew for one (1) year upon the anniversary date of my signing this authorization, unless I revoke it by sending written notice to PSEA within thirty (30) days of the anniversary date of my signing this authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Poway School Employees Association

### Member Volunteer Form

PSEA is OUR Union and making it as strong and effective as possible is up to all of us! Please indicate below whether you are interested joining with other PSEA members who have volunteered to help build our union.

\_\_\_ YES, I want to get more involved in PSEA. 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 PSEA Negotiation Team
- \_\_\_ Filing and other office work in the PSEA Office
- \_\_\_ Other (please specify \_\_\_\_\_)
- \_\_\_ Volunteering in any way PSEA needs

Return this form via intra-district mail to PSEA or  
via US mail to 12245 World Trade Dr., Suite H, San Diego, CA 92128