



US-UNM Union Dues Membership Form

AUTHORIZATION FOR DEDUCTION OF UNION DUES FOR UNITED STAFF UNM UNION

I hereby authorize the UNIVERSITY OF NEW MEXICO to deduct from the compensation due me twice each month regular UNION dues in the amount certified to the UNIVERSITY OF NEW MEXICO in writing by UNITED STAFF UNM Union and to transmit this amount per pay period to UNITED STAFF UNM UNION.

It is understood that such deductions shall be made in accordance with the existing applicable provisions of the Agreement negotiated between the University and the Union. It is also understood that I may cancel such deductions, by providing written, signed notice. It is also understood that the UNIVERSITY OF NEW MEXICO assumes no further responsibility in connection with this authorized deduction except to act as remitting agent in forwarding the amount deducted to UNITED STAFF UNM UNION.

Signature/ Date: _____

Last Name, First Name, MI: _____

Department/Unit: _____

Department Job Title: _____

UNM ID: _____ Work Phone: _____

Home Address: _____ City, State: _____

Zip Code Home: _____ Home Phone _____ Cell Phone: _____

Home Email: _____ Work Email: _____

Please return completed and signed form to US-UNM Union via email at unitedstaffunm@gmail.com

WELCOME to the UNION!