



Updated Membership Form

*Full Name: _____

Date of Birth: _____

*Street Address: _____

*City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

*Preferred Email: _____

*Chapter: _____

** Required Information*

YES! I request and accept membership in United University Professions/AFT Local 2190 (UUP), and its affiliates, New York State United Teachers (NYSUT), the American Federation of Teachers (AFT), the National Education Association (NEA), and the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO).

I recognize the need for a strong union and I believe everyone represented by a union should pay their fair share to support the union's activities. I hereby request and voluntarily authorize my employer to deduct an amount equal to the regular monthly dues applicable to members of UUP and remit that amount to UUP. I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by completing and sending the UUP opt-out form via U.S. mail during the annual window period of July 1-31.

By providing my cell phone number and signature I am expressly consenting to receive autodialed and/or prerecorded calls and/or text messages from UUP on contract or benefits. I understand that this consent is not a condition of my membership with UUP, its national affiliates or the local organization named above.

*Signature: _____

Date: _____