

**UNION OF CLERICAL, ADMINISTRATIVE & TECHNICAL STAFF  
LOCAL 3882, NYSUT, AFT, AFL-CIO  
PAYROLL DEDUCTION AUTHORIZATION**

I hereby request and authorize New York University, according to arrangements agreed upon with the Union of Clerical, Administrative & Technical Staff, Local 3882, NYSUT, AFT, AFL-CIO, to deduct from my salary and to transmit to the Union of Clerical, Administrative & Technical Staff, Local 3882, NYSUT, AFT, AFL-CIO membership dues or agency fees in the amount annually certified by the Union of Clerical, Administrative & Technical Staff, Local 3882, NYSUT, AFT, AFL-CIO. I hereby waive all right and claim for said monies so deducted and transmitted in accordance with this authorization, and release New York University of any liability therefor. This authority shall be irrevocable for a period of one year, or until the expiration of the current collective bargaining agreement, whichever occurs earlier, and shall continue in full force and effect for successive periods of one year unless revoked by me in writing, by certified mail, to New York University and the Union of Clerical, Administrative & Technical Staff, Local 3882, NYSUT, AFT, AFL-CIO, within ten days prior to any anniversary date of this authorization. *All employees represented by Local 3882 are required to pay membership dues or agency fees to Local 3882 within 31 days of their employment date as a condition of their employment at New York University.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
NYU ID Number ("N" number)

**TO AUTHORIZE AUTOMATIC DEDUCTION OF DUES OR AGENCY FEE,  
SIGN THE ABOVE**

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**TO BECOME A UNION MEMBER, SIGN BELOW.**

**UNION OF CLERICAL, ADMINISTRATIVE & TECHNICAL STAFF  
LOCAL 3882, NYSUT, AFT, AFL-CIO  
APPLICATION FOR MEMBERSHIP**

I hereby apply for membership in the Union of Clerical, Administrative & Technical Staff, Local 3882, NYSUT, AFT, AFL-CIO. I understand that the benefits of membership include: the right to run for and hold Union office; the right to participate in Union governance, to vote in Union elections and attend Union meetings; the right to have input regarding collective bargaining proposals; and the right to vote on the ratification of collective bargaining agreements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
NYU ID Number ("N" Number)

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Job Title \_\_\_\_\_

E-mail: \_\_\_\_\_ NON NYU E-mail \_\_\_\_\_

BEST Phone to reach you: \_\_\_\_\_ Want to help? \_\_\_\_\_

**GIVE THIS FORM TO YOUR SHOP STEWARD, OR YOU MAY ALSO FAX THIS  
FORM TO THE UNION OFFICE AT (646) 602-9554.**