



**HUDSON COUNTY COMMUNITY COLLEGE  
SUPPORT STAFF FEDERATION, LOCAL 6026**

**MEMBERSHIP APPLICATION/AUTOMATIC PAYROLL DEDUCTION  
AUTHORIZATION**

I hereby apply for membership in the Hudson County Community College Support Staff Federation, American Federation of Teachers, Local 6026, AFT-NJ, AFL-CIO, and for all the membership rights, benefits, and services provided by the organization. With this application, I also authorize the local to act in my behalf in fulfilling its organizational mission, as duly established through the democratic processes of the Union

Concurrently, I also authorize Hudson County Community College to deduct my dues from my earnings each pay period the amount certified by the local for the current year and for succeeding years and to send said monies to the local. I understand that the College will discontinue deductions only if I file a notice of withdrawal during the ten (10) days following the anniversary of the start of my employment. The notice of revocation of union dues shall be effective on the 30<sup>th</sup> day after my anniversary date of employment. The College must notify the local within five (5) days of their receipt of my notice of revocation. I hereby waive all rights and claims for said monies so deducted and transmitted in accordance with this authorization and relieve the College of any liability therefore. I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

NAME (PRINT) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE OF \_\_\_\_\_

**HOME** EMAIL ADDRESS (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_