

Membership Application and Salary Deduction Authorization

PLEASE PRINT

Name:	Employee ID No.:
(Full Legal Name) E-mail:	Job Title:
(List e-mail you want to receive PSEA information)	
Alternate E-mail:	Work Site:
Home Address:	Home Phone No.:
	Cell Phone No.:
euthorize it to be my exclusive representative for the nours, wages and other terms and conditions of employers hereby further authorize PUSD to deduct from my savote of the membership, subsequently adopts a decrease.	mployees Association (PSEA), agree to abide by the governing documents of PSEA, and purpose of meeting and conferring with the Poway Unified School District (PUSD) over loyment. Blary and pay to PSEA the periodic dues for services provided by or through PSEA. If PSEA, by ease or increase in dues, this authorization shall include the then-established dues and no t this authorization shall remain in effect during any period in which I am on a leave of ab-
sence or on a 39-month reemployment list. Signature:	Date:
Poway	School Employees Association
FOWAT	Member Volunteer Form
	g and effective as possible is up to all of us! Please indicate below whether nembers who have volunteered to help build our union.
YES, I want to get more involved in PSE	EA. I am interested in (mark as many as apply):
Signing up my co-workers as PS	SEA members
Assisting with grievances and er	nployee representation
Helping to run PSEA's internal e	lections
Providing support for the PSEA	Negotiation Team
Filing and other office work in the	e PSEA Office
Other (please specify)
Volunteering in any way PSEA n	ieeds