



POWAY SCHOOL EMPLOYEES ASSOCIATION

Membership Application and Salary Deduction Authorization

PLEASE PRINT

Name: _____
(Full Legal Name)

Employee ID No.: _____

E-mail: _____
(List e-mail you want to receive PSEA information)

Job Title: _____

Work Site: _____

Home Address: _____

Home Phone No.: _____

Cell Phone No.: _____

I hereby apply for membership in the Poway School Employees Association (PSEA), agree to abide by the governing documents of PSEA, and authorize it to be my exclusive representative for the purpose of meeting and conferring with the Poway Unified School District (PUSD) over hours, wages and other terms and conditions of employment.

I hereby further authorize PUSD to deduct from my salary and pay to PSEA the periodic dues for services provided by or through PSEA. If PSEA, **by vote of the membership**, subsequently adopts a decrease or increase in dues, this authorization shall include the then-established dues and no new authorization shall be required. I understand that this authorization shall remain in effect during any period in which I am on a leave of absence or on a 39-month reemployment list.

Signature: _____

Date: _____

POWAY SCHOOL EMPLOYEES ASSOCIATION Member Volunteer Form

PSEA is OUR Union, and making it as strong and effective as possible is up to all of us! Please indicate below whether you are interested joining with other PSEA members who have volunteered to help build our union.

___ YES, I want to get more involved in PSEA. I am interested in (mark as many as apply):

- ___ Signing up my co-workers as PSEA members
- ___ Assisting with grievances and employee representation
- ___ Helping to run PSEA's internal elections
- ___ Providing support for the PSEA Negotiation Team
- ___ Filing and other office work
- ___ Other (please specify _____)
- ___ Volunteering in any way PSEA needs

Return this form via intra-District mail to Mary Jo Stollfuss
or via U.S. Mail to 13378 Poway Road, Poway, CA 92064