

## UNION OF AMERICAN PHYSICANS AND DENTISTS

Membership Application and Payroll Deduction Authorization University of California

Name (Last, First, Middle Initial)		·	
Degree Specialty		FTE	
Home Address		` .	
Home Phone	Cell Phone		
Office Phone			
Non-Work Email			
Employee ID Number	Campus		
Monthly Membership Dues: 0.9% total gr		· ·	
and Dentists (UAPD). I also consent to the union dues instituted by the UAPD, in according to the union dues instituted by the UAPD, in according to the union dues in the union dues in the uappears.  UAPD Political Action Program: I further a month from my salary warrants as a volument the UAPD Political Action Program us voluntarily made without any interference.	cordance with the Collective Bargaini e in accordance with the provisions of authorize The Regents of the Univers intary contribution to the UAPD Politi ses the money it receives for political ie, restraint or coercion, and that I wil	ing Agreement. This a of the Collective Barg sity of California to de ical Action Program. I I purposes, that my co Il suffer no reprisal if I	authorization aining duct \$10 per understand ontribution is choose not
to authorize this deduction. I may revoke to the UAPD Political Action Program are purposes.   YES  NO	this authorization at any time by giv not tax deductible as charitable con	ing written notice. Co tributions for federal	ontributions income tax
Payroll deductions, including those legall priorities. In the event there are insufficie order assigned by the University and no adeductions or contributions to the UAPD earnings.	nt earnings to cover all deductions, c adjustment will be made in a subsequ	deductions will be tak uent pay period for m	en in the nembership
Employee Signature	Date		<del></del>