

**PLEASE RETAIN FOR YOUR RECORDS**

You are not a member of the union until the UUP Administrative Office receives your signed membership application. All Professional Services Negotiating Unit members pay an agency fee equal to union dues, even if they do not join the union.

Signing this card will not change the union deduction from your paycheck, but it entitles you to:

- vote on the collective bargaining agreement;
- attend union meetings;
- hold union office;
- elect union leaders on your campus and choose your representatives at the state and national levels;
- upon separation of service, obtain Associate Membership with NYSUT and be eligible for benefit programs; and
- maintain membership after retirement and be eligible for benefit programs.

Date Signed and Mailed: \_\_\_\_\_

**UUP, P.O. Box 15143, Albany, N.Y. 12212-5143**  
**(800) 342-4206**

***UUP Membership Application (It Doesn't Cost More to Join)***

Last Name _____	First _____	MI _____	Soc. Sec. No. _____
Street Address _____	Birth _____	Date _____ / _____ / _____	E-mail _____
City, State, Zip _____	Home Phone _____		
SUNY Department _____	SUNY Title _____		

Signature _____	Campus _____	Gender _____	Date _____
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Annual membership dues in United University Professions are 1 percent of employee's basic annual salary for employees at or above the minimum salary negotiated for the bargaining unit; nine-tenths of 1 percent of employee's annual salary for employees earning less than the minimum salary negotiated for the bargaining unit.

**Payroll Deduction Authority for UUP Membership**

**TO THE COMPTROLLER OF THE STATE OF NEW YORK:** I am a member of or apply herewith for membership in United University Professions and I hereby authorize you to deduct from my salary and to pay over to United University Professions on a biweekly basis the above-stated dues in said organization. Such authorization is made in accordance with the provisions of Section 6a of the Finance Law. You are further authorized to make any adjustments in said deduction as may be certified to you from time to time by UUP. I hereby authorize United University Professions to act as my exclusive representative for the purpose of collective bargaining and in the administration of grievances. I understand this order may be revoked at any time by written notice to you to discontinue deductions for membership dues.

**BE SURE YOU HAVE SIGNED THIS CARD and mail to UUP, P.O. Box 15143, Albany, N.Y. 12212-5143**  
Dues paid to United University Professions may qualify as business expenses and may be deductible  
in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

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