

# Voluntary Union Membership Withdrawal .

After speaking with representatives of my union, the Newfield Teachers' Association, I understand that I have elected to forfeit the benefits my local, NYSUT, AFT and NEA provide to members by withdrawing my membership from the above named organizations.

I understand that union membership affords me a voice in my workplace and valuable union benefits including:

- Legal defense and representation services above and beyond that which is defined in the local union's collective bargaining agreement provided by NYSUT Legal and Field Services such as for §3020-a, §75, pt. 83, etc.,
- Representation by my local union as well as state and national affiliates,
- Rights to purchase or maintain endorsed member benefit products and services above and beyond the local union's collective bargaining agreement provided by NYSUT Member Benefits Trust, NY SUT Member Benefits Corporation, and NYSUT Catastrophe Major Medical Trust,
- Rights to use any member benefit services attorney referral program, benefit card, discount programs/purchasing which are not part of the collective bargaining agreement,
- The right to represent coworkers through elected office in the union,
- The right to vote in union elections including officer elections and contract ratification votes,
- Access to discounted ELT professional development and training,
- The right to attend any local union meetings or activities.

\_\_\_\_\_ **I understand that my decision to withdraw from my union may result in reduced bargaining strength which may, in turn, be detrimental to future collective bargaining of wages, hours, working conditions and benefits bargained by my local union for all employees.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job/Position

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Local President or  
Designated Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Representative's Position

# Revocation of Dues Authorization

Subject to New York State Civil Service Law Section 208, I hereby authorize my employer to cease the deduction of any and all membership dues from my salary/wages in each pay period currently in force. This is a voluntary revocation of the dues deduction and shall be irrevocable unless I submit a new dues deduction authorization form.

This authorization supersedes any prior check-off authorization form I have signed. I recognize that my authorization of dues deduction revocation is voluntary and not a condition of my employment.

---

Employee Signature

---

Date

---

Print Name

---

## [OFFICE USE ONLY]

Pursuant to the previously signed membership re-enrollment card signed by the above employee on \_\_\_/\_\_\_/\_\_\_\_\_, dues payroll deduction will continue until \_\_\_/\_\_\_/\_\_\_\_\_.