

I HEREBY APPLY TO BE A MEMBER OF THE LAY FACULTY ASSOCIATION (LFA), LOCAL 1261



**\*\*PLEASE PRINT NEATLY!\*\***

**LAY FACULTY ASSOCIATION, LOCAL 1261**

138-25 (A) 31 DRIVE,  
FLUSHING, NEW YORK 11354-2664  
(718) 539-6440  
(718) 539-6447 (FAX)

LayFacultyAssoc1261@gmail.com

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address w/City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell/home (circle) Male / Female (circle)

Email \_\_\_\_\_ SS Number \_\_\_\_\_

School Employed At \_\_\_\_\_ Job Function \_\_\_\_\_

Degree Status: BA \_\_\_\_\_ BA+10 \_\_\_\_\_ BA+15 \_\_\_\_\_ BA+30 \_\_\_\_\_  
MA \_\_\_\_\_ MA+10 \_\_\_\_\_ MA+15 \_\_\_\_\_ MA+20 \_\_\_\_\_  
MA+30 \_\_\_\_\_ MA+40 \_\_\_\_\_ MA+45 \_\_\_\_\_  
MA+60 \_\_\_\_\_ Ph.D \_\_\_\_\_ Other \_\_\_\_\_

Certification: Yes ( ) No ( ) Field(s) \_\_\_\_\_ Provisional \_\_\_\_\_ Permanent \_\_\_\_\_

Prior Years of Service \_\_\_\_\_ Location(s) \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

**UNION COPY - DUES DEDUCTION AUTHORIZATION**

I hereby designate LAY FACULTY ASSOCIATION, LOCAL 1261, as my representative, for the purpose of collective bargaining, and I hereby request and authorize my employer, according to arrangements agreed upon with the Lay Faculty Association, to deduct from my salary and to transmit to the Lay Faculty Association the dues, as certified by the Lay Faculty Association. I hereby waive all right and claim for said monies so deducted and transmitted in accordance with this authorization, and release my employer of any liability therefore. This authority shall be irrevocable for a period of one year, or until the expiration of the current collective bargaining agreement, whichever occurs earlier, and shall continue in full force and effect for successive periods of one year unless revoked by me in writing, by certified mail, to the Employer and the Lay Faculty Association within thirty days prior to any anniversary of this authorization.

Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_

**EMPLOYER COPY - DUES DEDUCTION AUTHORIZATION**

I hereby designate LAY FACULTY ASSOCIATION, LOCAL 1261, as my representative, for the purpose of collective bargaining, and I hereby request and authorize my employer, according to arrangements agreed upon with the Lay Faculty Association, to deduct from my salary and to transmit to the Lay Faculty Association the dues, as certified by the Lay Faculty Association. I hereby waive all right and claim for said monies so deducted and transmitted in accordance with this authorization, and release my employer of any liability therefore. This authority shall be irrevocable for a period of one year, or until the expiration of the current collective bargaining agreement, whichever occurs earlier, and shall continue in full force and effect for successive periods of one year unless revoked by me in writing, by certified mail, to the Employer and the Lay Faculty Association within thirty days prior to any anniversary of this authorization.

Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_

