##### **MAGE-OPEIU LOCAL 2002 MEMBERSHIP APPLICATION**

*(Please print except where signature is required.)*

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCY/FACILITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CS CLASS & LEVEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OF RESIDENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### EMPLOYEE ID NUMBER (*REQUIRED*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUES CODE ES01

**Please indicate here if you have a preference in MAGE-OPEIU District preference:\_\_\_\_\_\_\_\_\_\_**

**DUES PAYMENT METHOD:**  (circle one) PAYROLL DEDUCTION ORDIRECT PAYMENT\*

**RETIREES REMIT $25.00 ANNUALLY OR $60.00 FOR THE ENHANCED BENEFITS (See website for benefits).**

**\*Only Direct Payment Members Must Remit Dues To Begin Membership - (6 pay periods x $27.57 = $165.42)**

**MAKE CHECKS PAYABLE TO MAGE IN THE AMOUNT OF $165.42**

**PAYROLL DEDUCTION MEMBERS MUST SIGN THE AUTHORIZATION BELOW.**

I hereby authorize the State of Michigan to deduct MAGE-OPEIU dues **$27.57** from any earned accrued wages due me each biweekly

period until revoked by my written notice, and to remit said amount to the Michigan Association of Governmental Employees-OPEIU

Local 2002 as payment of my association dues. Further, I hereby authorize MAGE to act as my exclusive representative should

collective bargaining rights be granted to Non-Exclusively Represented Employees. In addition, my consent is hereby given to increase

this amount by any amount that is determined by the members of the Michigan Association of Governmental Employees in accordance

with their Bylaws. Membership is effective on the first day of the pay period in which dues are deducted, or upon receipt of cash

payment of 6 pay periods of dues, should you choose to be a “direct paying” member.

Mail to the MAGE address below, OR EMAIL application to: info@mage.org , OR FAX to 517-694-8250 or 1-877-317-4251

#### SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUESTIONS? Call, write or email us at:

**MAGE-OPEIU LOCAL 2002**

**6920 S. Cedar Street, Suite 7, Lansing, MI 48911-6924**

 **Phone (517) 694-3123 \* Toll Free (800) 477-6243**

**Fax (517) 694-8250**

**Email: info@mage.org Web Page: mage.org**

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