

APPENDIX C
MEMBERSHIP ELECTION FORM

SENDER: <<Name of Campus Office Sending Form>>

SUBJECT: <<Full Name>> - Mandatory NOTICE: UAW <<Unit>> Membership Election Form

BODY:

Dear <<Full Name (Email Address)>>,

Your University of California position is represented by the UAW. In accordance with the collective bargaining agreement, the University is sending you the UAW Membership Election Form (MEF).

You may select or decline union membership on the MEF. Membership is voluntary and not a condition of employment. Please note, the University neither encourages nor discourages union Membership.

To access the Form, click the "View Documents" button below. This will take you to DocuSign, a secure online signature tool, where you can complete and sign the Form. DocuSign enables you to provide an electronic signature on the necessary form, you will not need to print any document. When you submit, a copy will be sent directly to UAW.

If you have already received this form, please disregard this notice.

If you have any questions about this form, do not reply to this email. Please contact the Union at organize@uaw4811.org.

Sincerely,
<<Name of Campus Office Sending Form>>



UAW MEMBERSHIP ELECTION & DUES DEDUCTION AUTHORIZATION FORM

Welcome to your Union (UAW 4811)!

This is the form by which every Academic Worker in a unit represented by the UAW – Academic Student Employees, Student Researchers, Postdoctoral Scholars, and Academic Researchers – voluntarily accepts or declines Union membership.

By forming a Union at the University of California, Academic Workers have won:

- Guaranteed annual pay increases to reflect experience and the cost of living
- Enforceable protections against bullying, harassment and discrimination
- High-quality, low-cost healthcare, guaranteed paid family leave
- And many more rights and protections

These rights and protections are only possible because a majority of Academic Workers are dues-paying members of the Union. Membership builds our collective power to improve and enforce our rights and gives you the right to participate in the Union.

☐

Count me in the majority! I accept membership in the UAW and its designated Local that represents me with respect to my working conditions at UC. I agree to pay a one-time \$10 initiation fee and monthly dues, currently 1.44% of my gross pay. I authorize UC to deduct the initiation fee and monthly membership dues from my pay and remit them to the Union. Unless revoked, this authorization is to remain in effect for all periods of time in which I am a UAW member and receiving a paycheck for work performed in a UAW-represented unit.

☐

I decline membership in UAW

NAME (Please print)

SIGNATURE

DATE

MOBILE PHONE

UC EMAIL

JOB TITLE

DEPT. EMPLOYED

DEPT. ENROLLED

CAMPUS

OFFICE LOCATION (Building, room #) PI / RESEARCH GROUP (if applicable)

QUESTIONS? WANT TO GET INVOLVED?

Visit uaw4811.org or email us at organize@uaw4811.org. Please direct all questions about this form to the Union, not the University.