

**Local 32, Office and Professional Employees International Union  
(AFFILIATED WITH THE AFL-CIO)**

**APPLICATION FOR MEMBERSHIP**

Desiring to become a member of Local 32 chartered by the Office and Professional Employees International Union, affiliated with the AFL-CIO, I hereby make application for admission to membership and authorize Local 32 to be my exclusive collective bargaining representative.

"I pledge my honor to faithfully comply with the Constitutions, Laws, and all amendments thereof, of Office and Professional Employees International Union, Local No. 32 and of the International Union. I further promise not to divulge or make public any of the private proceedings of this Union."

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print)

Street \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

Occupation \_\_\_\_\_ County \_\_\_\_\_

Employer Name \_\_\_\_\_

Date \_\_\_\_\_  
(Signature)



				LAST	FIRST	M.I.
PAYROLL NUMBER	SOCIAL SECURITY NUMBER			PRINT EMPLOYEE NAME		

**AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION**

I HEREBY AUTHORIZE THE STATE OF NEW JERSEY TO DEDUCT FROM WAGES DUE, THE INITIATION FEE OF \$ \_\_\_\_\_ AND TO MAKE BI-WEEKLY DEDUCTIONS FROM MY SALARY IN THE AMOUNT OF \$ \_\_\_\_\_, (OR FOR SUCH OTHER AMOUNTS AS MAY BE AUTHORIZED BY AMENDMENT TO THE DUES SCHEDULE OF THE ORGANIZATION) FOR DUES PAYABLE TO THE TREASURER OF THE EMPLOYEE ORGANIZATION DESIGNATED BELOW. I UNDERSTAND THAT THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNLESS CANCELLED BY ME IN WRITING AND THAT SUCH A CANCELLATION SHALL BECOME EFFECTIVE ON THE FIRST PAY DAY FOLLOWING JULY 1, IN ACCORDANCE WITH MY CURRENT NEGOTIATED CONTRACT.

NAME (INCL. CHAPTER AND/OR LOCAL) AND MAILING ADDRESS AS IT APPEARS ON THE DIV. OF BUDGET AND ACCOUNTING APPROVED LIST.

**N.J. AFL-CIO Judiciary Council of Affiliated Unions  
Local 32, O.P.E.I.U., AFL-CIO  
2013 Morris Avenue  
Union, New Jersey 07083**

EMPLOYEE ORGANIZATION DEDUCTION

N.J. DEPT. OF THE TREASURY-DATA PROCESSING-PAYROLL

FOR PAYROLL CLERK USE ONLY		JOB CLASSIFICATION TITLE	
CODE _____	BI-WEEKLY AMOUNT _____	EMPLOYEE SIGNATURE _____	DATE _____
		PAYROLL CLERK SIGNATURE _____	DATE _____

**OPEIU, LOCAL 32**  
**DEATH BENEFIT BENEFICIARY**

BENEFICIARY – NAME \_\_\_\_\_

RELATION TO MEMBER \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***THIS MUST BE COMPLETED AND RETURNED TO THE UNION BEFORE THIS POLICY IS ACTIVATED.***

***RETURN TO:***

***OPEIU-LOCAL 32, 2013 MORRIS AVENUE, UNION, NJ 07083***

---