



Federation of Public Employees

A Division of National Federation of Public and Private Employees (AFL-CIO)
An Affiliate of District 1 – MEBA (AFL-CIO)
1700 NW 66th Avenue, Suite 100, Plantation, Florida 33313
Phone: (954) 797-7575 ~ Fax: (954) 797-2922

- Application for Membership** or
- Notice of New Employment**

Employer _____ Recruited by _____ Hire Date _____

I hereby authorize the Federation of Public Employees, a division of the National Federation of Public and Private Employees, AFL-CIO, to represent me in any and all negotiations relative to collective bargaining with my present employer.
This authorization shall continue in full force and effect until I have revoked same by written revocation delivered to the Federation of Public Employees, a division of the National Federation of Public and Private Employees, AFL-CIO, located at; 1700 N.W. 66th Avenue • Suite 100 • Plantation, Florida 33313.
I hereby apply for membership in the Federation of Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO). In so doing, I agree and promise to faithfully obey the Constitution and By-Laws and to conform to all the rules of the Federation, pending the final acceptance as a member.
Further, I attest that I do not believe in, and am not a member of, nor do I support any organization that believes in or teaches the overthrow of the United States government, by force or by illegal or unconstitutional methods. I certify that the statements in this application are true.
I further designate the beneficiary identified below for purposes of any and all union sponsored benefits unless otherwise designated on a separate form specific to that benefit:

(Please Print or Type)

Name (print) _____ Home Ph. _____ Cell Ph. _____
Last First Middle area code number area code number

Birth date: _____ Soc. Security #: _____ Employee # _____

Job Classification: _____ Marital Status: _____ male female

Address: _____
Street Apt. # City State Zip Code

Personal E-Mail Address _____

Previous Membership: Date Withdrawn: _____

Your Signature: _____ Date Signed: _____

Closest Living Relative: _____ Relationship: _____

Please circle your shirt size: S M L XL XXL XXXL

Authorization to Deduct

To (My Employer)

I hereby assign to the Federation of Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO), from any wages earned or to be earned by me as your employee, my periodic dues in such amounts as are now or hereafter established by the Federation and become due to it as my membership dues in said Federation.

This assignment, authorization and direction shall be revocable at any time upon thirty (30) days written notification to my employers and the Federation.

Dues, contributions or gifts to the Federation of the Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1-MEBA (AFL-CIO), are not deductible as charitable contributions for Federal Income Tax purposes. Dues paid to the Federation of Public Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO), however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

Department/Location: _____ Name (print): _____

Work and/or Cell #: _____ Name (signature) _____

Soc. Security #: _____ Today's Date: _____

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For Office Use Only

Date Approved by DIC: _____ Date Approved by Membership: _____ Representative's Signature: _____