

HESP LOCAL NO. 82

Hartford Educational Support Personnel

MEMBERSHIP APPLICATION AND PAYROLL DEDUCTION AUTHORIZATION

I hereby request and voluntarily authorize my employer (Hartford Public Schools) to deduct from my earnings and to pay over to HESP Local No. 82 an amount equal to the regular bi-weekly dues uniformly applicable to members of HESP Local No. 82. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice email to both secretary@hespct.org. During the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and HESP Local No 82, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off year to year unless I revoke it in writing during the window period, even if I have resigned my membership.

Name: _____ Employee No. _____

Job Title: _____

Residence: _____

Street No.

City

State

Zip

Phone: _____ Personal Email: _____

Signature: _____

Please return form to:

Secretary, HESP Local No. 82
secretary@hespct.org