



APPLICATION FOR MEMBERSHIP

Local 195, I.F.P.T.E.
186 North Main Street
Milltown, NJ 08850
732-247-0350 / www.local195.org

<i>Local 195 Office Use Only</i>	
I.D. # _____	
P/R Card Sent _____	
Email entered _____	

Chapter: _____

Veteran Status: Yes _____ No _____ T-Shirt Size: _____ Received Date: _____

Name: _____ SS # _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Cell No. _____ Home No. _____ Work No. _____

Department: _____ Title: _____

Work Location: _____ Payroll No. _____

Email Address: _____ Male/Female: _____

I hereby apply for membership in Local 195 I.F.P.T.E. and designate that organization as my representative on collective bargaining in matters of wages, benefits, grievances and other conditions of employment and pledge to abide by the Bylaws of I.F.P.T.E., Local 195 and subscribe to the Constitution of the International Federation of Professional and Technical Engineers, AFL-CIO & CLC.

Signature: _____ Date: _____



4/2023

		LAST	FIRST	M.I.
PAYROLL NUMBER	SOCIAL SECURITY NUMBER	PRINT EMPLOYEE NAME		
<p>AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION</p> <p>I HEREBY AUTHORIZE THE STATE OF NEW JERSEY TO MAKE BI-WEEKLY DEDUCTIONS FROM MY BASE SALARY IN THE AMOUNT OF 1% (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 IN ACCORDANCE WITH MY CURRENT NEGOTIATED CONTRACT.</p>				
EMPLOYEE ORGANIZATION	<p>NAME (INCL. CHAPTER AND/OR LOCAL) AND MAILING ADDRESS AS IT APPEARS ON THE DIV. OF BUDGET AND ACCOUNTING APPROVED LIST</p> <p style="font-size: 1.2em; font-weight: bold;">LOCAL 195 A.F.L.- C.I.O.</p> <p style="font-weight: bold;">INTERNATIONAL FEDERATION OF PROFESSIONAL and TECHNICAL ENGINEERS</p> <p>186 North Main Street, Milltown, NJ 08850</p>			
FOR PAYROLL CLERK USE ONLY		JOB CLASSIFICATION TITLE		
CODE 025	BI-WEEKLY AMOUNT _____	EMPLOYEE SIGNATURE _____	DATE _____	
		PAYROLL CLERK SIGNATURE _____	DATE _____	

EMPLOYEE ORGANIZATION DEDUCTION

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

