



# We're Stronger Together

Join together for a stronger voice at our colleges

**Membership Authorization:** **Yes, I want to join with my fellow employees and become a member of the Congress of Connecticut Community Colleges SEIU Local 1973 ("The 4Cs").** I hereby request and voluntarily accept membership in The 4Cs and I agree to abide by its Constitution and Bylaws and by the Service Employees International Union Constitution and Bylaws. I authorize The 4Cs to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

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**SIGNATURE**

**DATE**

**Dues Deduction/Checkoff Authorization:** I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to The 4Cs an amount equal to the regular monthly dues uniformly applicable to members of The 4Cs. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to both the employer and The 4Cs 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 The 4Cs, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in The 4Cs.

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**SIGNATURE**

**DATE**

Contributions or gifts to The 4Cs are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

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**FIRST NAME**

**LAST NAME**

**COLLEGE**

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**HOME ADDRESS**

**CITY**

**STATE/ZIP**

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**PREFERRED EMAIL ADDRESS**

**HOME PHONE #**

**MOBILE\*# (FOR TEXT ALERTS)**

- JOB CLASSIFICATION:**  Full-time Faculty  
 Full-time Professional Staff (CCP)  
 Part-time Faculty (Adjunct)  
 Full-time Educational Assistant (EA)  
 Part-time Educational Assistant (EA)

\* By providing my mobile phone number, I understand the Service Employees International Union, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

For office use only Date received: _____ Date entered: _____ Organizer/Member Leader: _____
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Please return this form to the 4Cs by mail: 907 Wethersfield Ave., Hartford, CT 06114, fax to 860.296.6219, or email to [info@the4cs.org](mailto:info@the4cs.org)