

I HEREBY APPLY TO BE AN ASSOCIATE OF THE LAY FACULTY ASSOCIATION (LFA), LOCAL 1261

****PLEASE PRINT NEATLY!****



LAY FACULTY ASSOCIATION, LOCAL 1261

138-25 (A) 31 DRIVE,
FLUSHING, NEW YORK 11354-2664
(718) 539-6440
(718) 539-6447 (FAX)

LayFacultyAssoc1261@gmail.com

Name _____ Date of Birth _____ Age _____

Address w/City, State, & Zip _____

Telephone _____ home/cell (circle) _____ Male/Female (circle) _____

Email _____

School Now Employed At _____ Degree Status _____

Marital Status _____ SS # _____

Certification Yes () No () # of years of prior service _____ Place(s) _____

Status: Management / Clerical / Janitorial _____ Job Title/Function _____

YOU MUST SIGN AND DATE BOTH COPIES OF THIS FORM. THANK YOU.

Associate status is a non-voting category in the Lay Faculty Association (LFA), Local 1261 for staff, custodial, and administrative staff in the schools the LFA represents. The fees paid may be for the benefits the LFA has secured for the class of membership, viz., LIUNA pension and Mason Tenders Welfare Benefits, and where applicable, any other LFA benefits the Board of Directors authorizes under the LFA Constitution and By-Laws or policies passed by the regular membership in the LFA Local 1261.

I hereby designate the LAY FACULTY ASSOCIATION, LOCAL 1261 as my spokesman for the purpose of securing for me the terms agreed upon between the School and the Union, and I hereby request and authorize my employer, according to arrangements agreed upon with the LFA, top deduct Associate Fees from my salary and to transmit to the LFA the monies collected for the above purpose and as certified by the LFA, I hereby waive all right and claim for said monies so deducted and transmitted in accordance with the authorization and release my employer of any liability therefore. This authorization shall be irrevocable for a period of one year or until the expiration of the current agreement with the employer on the pension and medical coverage and shall continue in full force and effect for successive periods of one year unless revoked by me in writing by certified mail to the Employer and the LFA within thirty days prior to any anniversary date of this authorization.

Date Signature of Participant

I hereby designate the LAY FACULTY ASSOCIATION, LOCAL 1261 as my spokesman for the purpose of securing for me the terms agreed upon between the School and the Union, and I hereby request and authorize my employer, according to arrangements agreed upon with the LFA, top deduct Associate Fees from my salary and to transmit to the LFA the monies collected for the above purpose and as certified by the LFA, I hereby waive all right and claim for said monies so deducted and transmitted in accordance with the authorization and release my employer of any liability therefore. This authorization shall be irrevocable for a period of one year or until the expiration of the current agreement with the employer on the pension and medical coverage and shall continue in full force and effect for successive periods of one year unless revoked by me in writing by certified mail to the Employer and the LFA within thirty days prior to any anniversary date of this authorization.

Date Signature of Participant

