

## Membership Enrollment Form Instructions

Kari Shaw, Treasurer

Adjuncts United

*Above the box for Local Name:* Please write your Syracuse University 9-digit identification number. Payroll has requested this to facilitate payroll deduction.

*Local Name:* Adjuncts United

*NYSUT ID #:* If you are already a NYSUT member, enter your ID#. Otherwise leave blank.

*Build Code:* Please leave blank.

*Dues Paid By:* Please select Payroll Deduction

*Salary:* Please leave blank.

*Start Date:* Enter the current month and year.

*Dues Category:* Leave blank. The Treasurer will look at your deductions and select the correct category.

**About dues:** Dues are determined on a sliding scale based on your SU teaching income. The University will look at your salary and deduct the correct amount. I have included a brief dues schedule at the bottom of this page.

*Description of your Work Environment:* Select University/College

*Title That Best Describes Your Position:* Select Adjunct or Instructor

*E-mail address:* Please enter an e-mail address you frequently use.

Don't forget to sign the form at the bottom!

Send the completed form back to me

by campus mail: Kari Shaw

Mathematics

215 Carnegie

or by post: Kari Shaw

6355 Westerly Terrace

Jamesville NY 13078

or scan and email it:

keshaw@syr.edu OR

keshaw299@gmail.com

If you have any further questions, please contact Kari Shaw by e-mail: keshaw299@gmail.com or at one of the above addresses.

### 2023-2024 Academic Year Dues Amounts

<u>Yearly Teaching Salary from SU</u>	<u>Dues deducted per paycheck</u>
Under \$4,000	\$6.10
\$4,000 - \$8,749	\$8.10
\$8,750 - \$17,499	\$13.71
\$17,500 - \$26,249	\$24.93
\$26,250 - \$34,999	\$32.89
\$35,000 and higher	\$48.44

Dues are deducted from 7 paychecks each semester. You only pay dues when you are getting paychecks. You do not pay dues in the summer. We do not collect dues retroactively. If you only teach during one semester you only pay dues that semester. You can obtain more detailed information from our website: [adjunctsunited.wikidot.com](http://adjunctsunited.wikidot.com)



New York State United Teachers  
 Affiliated with AFT • NEA • AFL-CIO

## MEMBERSHIP ENROLLMENT FORM PRIVATE SECTOR

UECW 400

LOCAL NAME				LOCAL #	
NYSUT ID #	FIRST NAME	M.I.	LAST NAME		SUFFIX
ADDRESS					APT. #
CITY			STATE	ZIP CODE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH / /	AREA CODE TELEPHONE ( )		AREA CODE CELL PHONE ( )		BUILD CODE
DUES PAID BY <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CASH		SALARY		START DATE / /	

**IMPORTANT: Please Check with your membership coordinator.**

DUES CATEGORY						
<input type="checkbox"/> FULL DUES (1) \$34,000 +	<input type="checkbox"/> SPLIT DUES	<input type="checkbox"/> 3/4 DUES (7) \$25,500 - \$33,999	<input type="checkbox"/> 1/2 DUES (2) \$17,000 - \$25,499	<input type="checkbox"/> 1/4 DUES (5) \$8,500 - \$16,999	<input type="checkbox"/> 1/8 DUES (8) <\$8,499	<input type="checkbox"/> PER DIEM SUB

HIGHEST LEVEL OF EDUCATION COMPLETED			
<input type="checkbox"/> SOME HS (1)	<input type="checkbox"/> HS (2)	<input type="checkbox"/> 2 YR DEGREE (3)	<input type="checkbox"/> 4 YR DEGREE (4)
<input type="checkbox"/> MASTERS (5)	<input type="checkbox"/> DOCTORATE (6)	<input type="checkbox"/> OTHER (9)	
PLEASE INDICATE THE BEST DESCRIPTION OF YOUR WORK ENVIRONMENT			
<input type="checkbox"/> NON-PROFIT CORP (A)	<input type="checkbox"/> FOR PROFIT CORP (B)	<input type="checkbox"/> UNIVERSITY/COLLEGE (C)	<input type="checkbox"/> HOSPITAL/HEALTH CARE (D)
PLEASE CHECK THE BOX NEXT TO THE TITLE THAT BEST DESCRIBES YOUR POSITION – PLEASE LOOK AT ALL THE COLUMNS			
UNIVERSITY/COLLEGE	HOSPITAL/HEALTHCARE FACILITY	HOSPITAL/HEALTHCARE FACILITY (cont.)	LEARNING CENTER
Academic <input type="checkbox"/> Full Time Tenure (V) <input type="checkbox"/> Full Time Nontenure (X) <input type="checkbox"/> Assist./Assoc. Professor (Y) <input type="checkbox"/> Adjunct (W) <input type="checkbox"/> Instructor (1) <input type="checkbox"/> Other (9) _____  Professional <input type="checkbox"/> Librarian (J) <input type="checkbox"/> Office Staff (7) <input type="checkbox"/> Computer Technician (G) <input type="checkbox"/> Other (9) _____	<input type="checkbox"/> Physician (A)  Nurse <input type="checkbox"/> RN (C) <input type="checkbox"/> LPN (D) <input type="checkbox"/> CNA (P) <input type="checkbox"/> Lab Technician (E) <input type="checkbox"/> Psychologist (M)  Therapist <input type="checkbox"/> Physical (Q) <input type="checkbox"/> Occupational (R) <input type="checkbox"/> Speech (S) <input type="checkbox"/> Other (9) _____	<input type="checkbox"/> Aide (3) <input type="checkbox"/> Security (N) <input type="checkbox"/> Maintenance/Custodial (H) <input type="checkbox"/> Pharmacist (B) <input type="checkbox"/> Other (9) _____	<input type="checkbox"/> Admin. Support/Clerical (7) <input type="checkbox"/> Home Living Specialist (Z) <input type="checkbox"/> Maintenance/Custodial (H) <input type="checkbox"/> Nurse (C) <input type="checkbox"/> Psychologist (M) <input type="checkbox"/> Pharmacist (B) <input type="checkbox"/> Social Worker (O) <input type="checkbox"/> Teacher (1) <input type="checkbox"/> Teaching Assistant (2) <input type="checkbox"/> Aide (3) <input type="checkbox"/> Monitor (L) <input type="checkbox"/> Other (9) _____

By my signature, I request and accept membership in the local organization named above, the New York State United Teachers (“NYSUT”) and its national affiliates, the National Education Association (“NEA”), American Federation of Teachers (“AFT”), and American Federation of Labor-Congress of Industrial Organizations (“AFL-CIO”), where applicable. I accept the rights, responsibilities, and benefits of union membership.

By my signature, I also request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the local organization named above.

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PLEASE INITIAL I am also expressly consenting to receive autodialed and/or prerecorded calls and/or text message from or on behalf of the AFT, NEA, NYSUT, AFL-CIO, and/or the local union at the telephone numbers provided, including my wireless number, if applicable. The scope of this consent relates to any purpose for which any of the above entities may call. I understand that this consent is NOT a condition of my membership in NYSUT.

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses or on other bases expressly provided by state or federal law, such as New York State Tax Law section 615(d)(5).

SIGNATURE	PERSONAL EMAIL ADDRESS
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NEW YORK STATE UNITED TEACHERS, 800 TROY-SCHENECTADY ROAD, LATHAM, NEW YORK 12110-2455