

# MAGE-OPEIU MEMBERSHIP APPLICATION

(Please print except where signature is required.)

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ AGENCY/FACILITY \_\_\_\_\_  
CITY \_\_\_\_\_ CIVIL SERVICE CLASSIFICATION \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_  
HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_  
HOME EMAIL \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

EMPLOYEE ID NUMBER (REQUIRED): \_\_\_\_\_ DUES CODE ES01

Please indicate here if you have a MAGE-OPEIU District preference: \_\_\_\_\_

DUES PAYMENT METHOD: (circle one) PAYROLL DEDUCTION OR CASH PAYMENT

**ONLY CASH MEMBERS MUST REMIT DUES TO BEGIN MEMBERSHIP.**

**MAKE CHECKS PAYABLE TO MAGE IN THE AMOUNT OF \$157.44.**

**RETIREES REMIT \$25.00 WITH APPLICATION TO JOIN, \$60.00 FOR ENHANCED BENEFITS.**

**PAYROLL DEDUCTION MEMBERS MUST SIGN THE AUTHORIZATION BELOW:**

I hereby authorize the State of Michigan to deduct MAGE dues of \$26.24 from any earned accrued wages due me each biweekly period until revoked by my written notice and to remit said amount to the Michigan Association of Governmental Employees-OPEIU Local 2002 as payment of my association dues. Further, I hereby authorize MAGE to act as my exclusive representative should collective bargaining rights be granted to Non-Exclusively Represented Employees. In addition, my consent is hereby given to increase this amount by any amount that is determined by the members of the Michigan Association of Governmental Employees in accordance with their bylaws.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Tear here, fold, tape and drop in mail)

QUESTIONS?...Call or write us at...



**MAGE-OPEIU Local 2002**

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