

# MAGE-OPEIU MEMBERSHIP APPLICATION

(Please print except where signature is required.)

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ AGENCY/FACILITY \_\_\_\_\_  
CITY \_\_\_\_\_ CS CLASS & LEVEL \_\_\_\_\_  
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 preference in MAGE-OPEIU District preference:** \_\_\_\_\_

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

**RETIREES REMIT \$25.00 ANNUALLY -OR- \$60.00 FOR THE ENHANCED BENEFITS.**  
Cash Members must remit 6 pay-periods of dues up front to begin membership, checks payable to MAGE.

**PAYROLL DEDUCTION MEMBERS MUST SIGN THE AUTHORIZATION BELOW AND APPROVE DUES DEDUCTION ONLINE THROUGH THE MI HR SELF-SERVICE GATEWAY, OR SIMPLY CALL THE SERVICE CENTER AT 1-877-766-6447.**

**DUES CODE MENU:      ES01 EMP ORG MI ASSOC GVRN EMPL**

I hereby authorize the State of Michigan to deduct MAGE-OPEIU dues \$29.55 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. MAGE membership begins on the date that the membership application is received in the MAGE office, **provided that dues deductions are started during the same pay period.** Dues deductions that are started in subsequent pay periods will cause the membership effective date to be the first day of the pay period in which the deductions begin. For "Cash Payment" membership, the effective date of membership begins upon receipt of application and cash payment of 6-pay periods of dues.

**YOU MUST EITHER MAIL -or- EMAIL APPLICATION TO:** [info@mage.org](mailto:info@mage.org) -or- FAX to 1-517-694-8250 – or- 1-877-317-4251

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



**QUESTIONS? Call or write us at...**  
**MAGE-OPEIU Local 2002**

6920 S. Cedar, Suite 7, Lansing MI 48911

Phone (517) 694-3123 \* Toll Free (800) 477-6243

Fax (517) 694-8250

Email: [info@mage.org](mailto:info@mage.org) Web Page: [mage.org](http://mage.org)

