

I have read and understood the provisions of the Saginaw Valley State University/
Saginaw Valley State University Faculty Association collective bargaining agreement as
it relates to required membership in the Association and/or payment of dues or equivalent
fees. As a condition of employment, I understand that I am required to select one of the
following three options.

- _____ (1) Join the Association and pay the required dues.
- _____ (2) Not join the Association but agree to an assessment equal to the dues
which will be paid to the Association.
- _____ (3) Refuse both option (1) and (2) and authorize the University to assess and
deduct a penalty fee equivalent to the dues which will be returned to the
University general fund.

I hereby authorize Saginaw Valley State University to make any payroll deduction
required by my selection of any of the above three options.

Signature

Date

Printed Name

COPIES TO: FACULTY ASSOCIATION
PAYROLL