

AUTHORIZATION FOR REPRESENTATION

I authorize the International Union of Painters & Allied Trades or its affiliated Local Union or District Council to act as my exclusive collective bargaining representative with any present or future employer in all matters pertaining to wages, hours and other conditions of employment. I understand that this authorization may be used by the union to petition for a Florida Public Employees Relations Commission (PERC) election or obtain recognition from my employer without an election. I understand that revocation of my authorization can only be done in writing to both my employer and the union.

(Please Print your name and details and Sign below)

FIRST Name:	
Middle Initial or Name:	
LAST Name:	
Street Address:	
Apartment/Box/Lot Number:	
CITY:	STATE:
ZIP CODE:	Mobile Phone:
Email:	
Employer:	
Job Classification:	
<u>SECURE DATA FIELDS: This information will be blanked out (redacted) once you sign this form</u>	
Last 4 digits of your Social Security Number: _____	
Date of Birth: _____	
Your Signature:	

Click the Button Below to Print this form and sign it with a pen.

[Print Form Button](#)



Employee Organization Membership Authorization Form

(PERC FORM 2023-1.101, Incorporated in R. 60CC-1.101, Effective July 1, 2023)

Exemptions from this form are provided in section 447.301(1)(b)6., Florida Statutes, as amended by chapter 2023-35, section 1, Laws of Florida.

Please type or print legibly.

PART A – EMPLOYEE ORGANIZATION INFORMATION

NAME OF EMPLOYEE ORGANIZATION:

International Union of Painters & Allied Trades, AFL-CIO Local Union 2301

PERC REGISTRATION NUMBER: OR- 1989 - 012

DATE OF LAST ORDER GRANTING REGISTRATION (mo/day/year): _____ / _____ / _____

INITIATION FEE (if none, state zero): \$ 0 - Zero

DUES (write amount in applicable blank): WEEKLY: _____ BIWEEKLY: \$14

MONTHLY: _____ ANNUALLY: _____

OFFICER/EMPLOYEE COMPENSATION: List the salaries, allowances, and other direct or indirect disbursements, exceeding \$10,000.00 in the aggregate, paid by the employee organization and any affiliates to the **five highest compensated individuals**, as reported on the last PERC registration or renewal application. If fewer than five individuals are reported, indicate "N/A" on any remaining blank lines.

Name of Officer or Employee	Salary	Allowances	Other direct or indirect disbursements (incl. reimbursed expenses)
N/A	\$ N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A	\$ N/A

PART B – EMPLOYEE INFORMATION

THE EMPLOYEE MUST PERSONALLY SIGN AND COMPLETE THE DATE OF SIGNATURE

NAME OF EMPLOYEE (First Name Middle Name Last Name):

NAME OF PUBLIC EMPLOYER:

NAME OF AGENCY: If the Agency is the same as the Public Employer, check here: ☐

CLASS TITLE: _____

CLASS CODE: _____ If not applicable, check here: ☐

By my signature below, I represent that I desire to be a member of the above-named employee organization.

Signature of Employee

Date of Signature

THE STATE OF FLORIDA WANTS YOU TO KNOW THE FOLLOWING:

The State of Florida is a right-to-work state. Membership or non-membership in a labor union is not required as a condition of employment, and union membership and payment of union dues and assessments are voluntary. Each person has the right to join and pay dues to a labor union or to refrain from joining and paying dues to a labor union. No employee may be discriminated against in any manner for joining and financially supporting a labor union or for refusing to join or financially support a labor union.

INSTRUCTIONS FOR COMPLETING FORM 2023-1.101

INTRODUCTION: Every line must be completed. The employee organization, public employee, or another person assisting the employee may complete any portion of the form with accurate information as reflected in the organization's most recent registration or renewal application filed with the Public Employees Relations Commission (PERC). The employee must personally sign and date the form after all other blanks are completed. The completed form must be delivered to the employee organization identified on the form. Exemptions from this form are provided in section 447.301(1)(b)6., Florida Statutes, as amended by chapter 2023-35, section 1, Laws of Florida.

PART A – EMPLOYEE ORGANIZATION INFORMATION:

Name of Employee Organization: The official name of the employee organization as it is registered with PERC.

PERC Registration Number: The registration number (also referred to as "case number") assigned to the employee organization by PERC upon the granting of a registration application.

Date of Last Order Granting Registration: The date of PERC's most recent order granting or renewing the registration of the employee organization.

Initiation Fee: The actual amount of any initiation fee as it is required to be paid, as of the date the public employee signs the form. If none, state zero.

Dues: In the appropriate blank, provide the monthly, bi-weekly, weekly, or annual dues, as of the date the public employee signs the form.

Officer/Employee Compensation: This information must be the same as what is reported in the employee organization's most recent annual registration or renewal application filed with PERC. Only provide information on the five highest compensated individuals listed on that application, if any. Insert "N/A" on any empty line if fewer than five individuals are listed.

- **Allowances:** Regular compensation to an officer or employee of the organization to cover expenses related to service to the organization.
- **Other direct or indirect disbursements:** All other amounts paid to the organization's officer or employee, including reimbursed expenses, from the organization and any other employee organization affiliated with it, or with which it is affiliated, or which is affiliated with the same national or international employee organization.

PART B – EMPLOYEE INFORMATION:

Name of Employee: The name of the “public employee,” as defined in section 447.203(3), Florida Statutes, who desires to be a member of an employee organization that is either (1) certified to represent a bargaining unit that includes the public employee, or (2) seeking to become a certified bargaining agent for a prospective bargaining unit that includes the public employee.

Name of Public Employer: The public employer is one of the following, depending upon the type of public employment:

Public Employer	Type of Employment
Governor	State agency employee belonging to a statewide bargaining unit, and Correctional Education Program employees
Board of Trustees (specify university)	State University employee (includes New College)
Board of Trustees (specify college)	Community College employee
District School Board (specify county)	School District employee
Board of Trustees of the Florida School for the Deaf and the Blind	Florida School for the Deaf and the Blind academic and academic administrative personnel
Political Subdivision or Agency thereof (specify subdivision)	County, Municipality, Special District, or other political subdivision employee

Name of Agency: The state agency, or the political subdivision’s agency, department, or other sub-unit that actually employs the public employee, if different from the listed “public employer.” If the agency is the same as the “public employer,” check the box to indicate this.

Class Title: The classification applicable to the employee appearing in the bargaining unit definition in PERC’s most recent Certification Order, if any. If there is not an active bargaining unit certification applicable to the employee, the employee should list the class title assigned by the employer.

Class Code: The code, if any, assigned by the employer to the employee’s classification. If there is no class code, check the box next to “Not Applicable.”

Click to Print



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT "ACH DEBIT"

Direct Payment ACH is the transfer of funds from a consumer's account for the purpose of paying dues.

I authorize the International Union of Painters (Union) to electronically debit my account; and credit my account if necessary, to correct erroneous debits at the depository financial institution named below (Bank). I agree that the ACH transaction I authorize comply with all applicable laws. My account information is as follows:

Bank/Credit Union Name:

Account Type:

Routing Number:

Account Number:

The Account number will NOT be visible once you complete this form

I authorize the follow amount to be debited: \$14 every 2 weeks (Bi-Weekly)

I understand this authorization will continue to be enforced until I revoke this authorization in **writing** addressed to my bargaining unit Chairperson. I understand that the Union will require Five (5) business days to cancel this authorization for ACH Payment from the date the chairperson received the written notice to revoke.

Date the ACH transactions will begin on the day of next paycheck cycle after this date:

Name of the Person Authorizing the ACH Payment(s):

Authoring Person's Signature:

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

0044072324 000123456789 123

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER