



**INTERNATIONAL FEDERATION OF  
PROFESSIONAL AND TECHNICAL ENGINEERS  
LOCAL NO. 1**

P. O. BOX 1028 PORTSMOUTH, VA 23705-1028 - (757) 397-2175 (Office) - (757) 399-7632 (fax) - [www.IFPTE.com](http://www.IFPTE.com)

Dear Prospective Member,

On behalf of everyone at IFPTE Local 1, thank you for choosing to become a member. To complete your application package, please perform the following actions:

1. Complete Blocks 1-5 of SF-1187 (Request for Payroll Deductions for Labor Organization Dues) by printing clearly:
  - a. Block 1: Fill in your last name, first name, and middle initial
  - b. Block 2: Fill your social security number
  - c. Block 3: Fill in your check, badge, ID, or payroll number
  - d. Block 4: Fill in your current home or mailing address
  - e. Block 5, write your Code and circle the applicable area
2. Section A is prefilled out and will be signed by a Union Representative
3. Section B requires your signature and date
4. Complete the form titled "IFPTE Membership Application (Form 2)"
5. Make copies of the forms for your records
6. Turn in the complete forms via one of these methods:
  - a. Deliver to a Union Officer
  - b. Deliver to a IFPTE Steward
  - c. Mail the forms to P.O. Box 1028, Portsmouth, VA 23705-1028
  - d. Fax to the Union fax number: (757) 399-7632

If you have questions or comments, please do not hesitate to contact us in the office at (757) 397-2175.

Again, thank you for joining IFPTE Local 1. We appreciate your support and participation and look forward to serving you.

In solidarity,

Corey Henderson  
President, IFPTE Local 1



# REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

## Privacy Act Statement

Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation;

5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

1. Name of Employee <i>(Print or Type-Last, First, Middle)</i>	2. Employee Identification Number <i>(SSN or Other)</i>	3. Timekeeper Number
4. Home Address <i>(Street Number, City, State and ZIP Code)</i>	5. Name of Agency <i>(Include Bureau, Division, Branch or Other Designation)</i>	

### Section A-For Use By Labor Organization

Name of Labor Organization *(Include Local, Branch, Lodge or Other Appropriate Identification)*

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per	(biweekly pay period) <del>(calendar month)</del> . <i>(Strike out whichever period is not appropriate, based on arrangement with the employee's agency.)</i>
Signature and Title of Authorized Official	Date <i>(Month, Day, Year)</i>

### Section B-Authorization By Employee

I hereby authorize the above named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization):

\_\_\_\_\_ and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office

of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency. Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee	Date <i>(Month, Day, Year)</i>	
<b>FOR COMPLETION BY AGENCY ONLY-</b> The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES", send this form to payroll. If "NO", return this form to the labor organization.)	YES	NO



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IFPTE MEMBERSHIP APPLICATION (FORM 2)		
APPLICANT INFORMATION		
Name (Last, First MI):		Date:
Current Address:		
City:	State:	Zip Code:
Personal Email:		
EMPLOYMENT INFORMATION		
Agency:	Code:	Job Title:
Series and Grade:	Phone:	Badge #:
Work Email:		Membership Class: A B C D
SPONSOR:		
Name (Last, First MI):		Is this address new? Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Address:		
City:	State:	Zip Code:

**For Election Purposes, please notify IFPTE Local 1 of any changes in address.**

Agency: NNSY, RCT, CPA, SERMC, STSC, MARMC, SSNN

Job Title: Engineer, Engineering Technician, Physical Science Technician, etc.

Series and Grade: GS-0802-11, GS-1311-10, etc.

Sponsor: Member that asked you to join.

Membership Class – check one (per article XIV of Local 1 By-Laws):

A: Biweekly

B: Annual

C: Non-bargaining Unit (Member at Large)

D: Non-bargaining Unit (Continuing Association)