



A Union of Professionals



Montana Federation of Public Employees
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Helena, MT 59601
800.398.0826
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Great Public Schools for Every Student

CONTINUING MEMBERSHIP AUTHORIZATION

Continuing membership indicates membership will continue until terminated in accordance with MFPE policy.

Please print clearly

NAME: First Mid. Init. Last

HOME ADDRESS:

CITY: STATE ZIP

MAILING ADDRESS if different:

PHONE: Cell Work Home

NON-WORK E-MAIL:

LOCAL/CHAPTER:

POSITION/JOB TITLE:

EMPLOYER:

WORKSITE/BUILDING:

REGISTERED NURSE: YES FORMER STUDENT MEMBER: YES

DATE OF BIRTH: MO DAY YR GENDER: Male Female

(This information is optional. If you choose not to provide it, this will not affect your membership status, rights, or benefits in any way. This information will be kept confidential.)

- American Indian/Alaska Native
Asian
Black
Caucasian (not Hispanic origin)
Hispanic
Multi-Ethnic
Native Hawaiian/Pacific Islander
Other
Unknown

MFPE is a unified state. The Continuing Membership Authorization Form must show membership for MFPE, National, and Local where one exists.

To be completed by local treasurer or officer:

Table with 3 columns: Affiliate, Membership Code, Annual Amount. Rows include National Dues, MFPE Dues, Local Dues, and TOTAL.

Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

CONTINUING MEMBERSHIP AUTHORIZATION: MFPE membership is continuous from year to year unless revoked by written notice to the MFPE President during the termination period (September 1 to September 30 of any year).

MEMBER'S SIGNATURE

DATE

LOCAL AFFILIATE REPRESENTATIVE