

APPLICATION

&

LETTER TO JOIN

NYSPEC

Date

President's Name

Union Name

Union Address

Peter Meringolo, Chairman
NYS Public Employee Conference
33 South Service Road
Suite I04
Jericho, NY 11753

Dear Chairman Meringolo:

As president (business manager) of (Name of Union), I am requesting that the New York State Public Employee Conference consider our application to become a member of your organization.

Our union consists of public employees in the State of New York who work for (description). I understand that a majority vote of NYSPEC's Board of Directors is necessary for membership approval and that we will be notified at the earliest possible time after the Board convenes. If our application is approved, we look forward to joining with 70 other labor unions and organizations already deriving great benefit from belonging to NYSPEC. Once our annual dues of \$1500 are paid in full, I understand we have the right to attend the Annual Convention, the February Legislative Gathering, and all other events held by the organization.

Attached with this letter requesting membership in NYSPEC is the application form containing all our union's pertinent information. If you have any questions, please do not hesitate to contact me at (phone number). Our union looks forward to becoming a member of the New York State Public Employee Conference.

Sincerely,

Name of President/Business Manager

When complete, please return letter and accompanying form to NYSPEC
33 South Service Road, Suite I04, Jericho, NY 11753 or fax to 516-495-7410

NYSPEC MEMBER INFORMATION FORM

Our organization is interested in becoming a member of the New York State Public Employee Conference. Below please find the information needed for NYSPEC to determine our eligibility.

PLEASE PRINT OR TYPE

Name of Union _____

Name of President/Business Manager _____

Title _____

Address of Union _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Website _____

E-mail of President/Business Manager _____

Do you represent Public Employees? _____ Number of Actives _____ Number of Retirees _____

Description of Union/Organization (ie: where do the members you represent work) _____

Legislative Director's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-mail _____

When complete, please return form via mail, fax or e-mail to:
NYSPEC, 33 South Service Road, Suite 104, Jericho, NY 11753
Ph: 516-750-9754 • Fx: 516-495-7410 • E-mail: pecchair@nyspec.com