



Association of Engineering Employees of Oregon

Membership Application

Please submit completed applications to your AEE Representative or via mail to:
Association of Engineering Employees of Oregon
PO Box 13428
Salem, OR 97309

Required Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Dept/Agency: _____ Employee ID #: _____ Region: _____
Phone (Work): _____ Phone (Personal): _____ Crew #: _____
Email (Work): _____ Shirt Size: _____
Personal Email (Required): _____

I am submitting this form to:

Sign up for new membership Renew my membership Provide a change of information

Monthly Deduction Authorization(s)

Pursuant to ORS 292.055, and until notice from me in writing, I request my employer to deduct monthly from my salary, wages or other sums due to me by virtue of my employment, the amount specified in the AEE Bylaws and disburse the same as dues to the Association of Engineering Employees of Oregon.

AEE Membership Dues: I authorize a monthly payroll deduction for AEE membership dues in the amount specified by the AEE Bylaws and certified by AEE.

Signature: _____ Date: _____

You have \$100 available tax credit (\$50 if you file single) to contribute to any political cause you wish. Make your career your cause, contribute to the AEE Political Action Committee (AEE PAC).

AEE PAC Contribution: I authorize a monthly payroll deduction in the amount of \$8.33 per Monthly/Joint (\$100.00 Tax Credit) - **OR** - \$4.17 Monthly/Single (\$50.00 Tax Credit) - **OR** - Other: \$ _____

Signature: _____ Date: _____

AEE Representative: _____

PO Box 13428, Salem, OR. 97309 * Phone: 503-585-6340 * Fax: 503-210-9060* www.aeeo.org

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