

Enrollment Form – 2024 NFFE Local Organizing and Recruitment Donation Program

In order to opt-in to the 2024 NFFE Local Organizing and Recruitment Donation Program, Local Lodges must submit this completed form and relevant attachments to NFFE National by close of business on Friday, May 17, 2024. Materials can be submitted by emailing: newmember@nffe.org, faxing: 202-898-1861, or mailing them to: NFFE; Attn: Organizing Dept.; 1225 New York Ave., NW; Suite 450; Washington, D.C. 20005. All submissions will be acknowledged by email. If you have any questions, please contact your National Business Representative.

Lodge Being Enrolled: _____ Agency: _____

Bargaining Unit Size: _____ (Attach a copy of the current bargaining unit list[s])

Membership Size: _____ (Attach a current copy of the membership list.)

Current Dues Rate: _____ (Must meet the minimum dues rate of \$33.62)

Date of Last IAM Audit Report: _____ (attach a copy)

Name of NFFE National Business Rep for Local: _____

What language does your collective bargaining agreement (CBA) include regarding recruitment and organizing?

Does your CBA include language allowing union participation in New Employee Orientations? _____
If so, what does it say: _____

How often does the local participate in New Employee Orientations currently? _____

Please attach a growth plan for the Local Lodge. Be sure the plan takes full advantage of any recruitment language provided in the contract and access to new employee orientations.

Considering your organizing plan, set a specific numerical growth goal for your local: _____

Fill out the IAM Officers Form. All contact information must be included in order for the form to be considered completed.

Establish an organizing committee of at least three members and provide the following information (committees can have more than three members. Please attach contact info on separate sheet if necessary):

Name: _____

Position in the Local: _____

Email Address (personal and work): _____

Phone Numbers (work, home, and mobile): _____

Name: _____

Position in the Local: _____

Email Address (personal and work): _____

Phone Numbers (work, home, and mobile): _____

Name: _____

Position in the Local: _____

Email Address (personal and work): _____

Phone Numbers (work, home, and mobile): _____

Completing the following affirms that this enrollment package is, to the best of my knowledge, accurate and up-to-date, and that this package is being submitted with a genuine commitment to grow the Local Lodge.

Print Local President's Name: _____

Local President's Signature: _____

Local Lodge: _____ Contact Email: _____