



## South Dakota State Employees Organization Membership Form

Name (Last, First, MI): \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please read and sign the membership agreement:

- I hereby authorize the state of South Dakota to withhold from my wages an amount of money sufficient to pay current membership dues as certified by the South Dakota State Employees Organization. For non-Board of Regents employees, the amount of \$5 shall be deducted in 24 equal installments. For Board of Regents employees, the amount of \$10 shall be deducted in 12 equal installments.
- I hereby recognize that I have the right to revoke authorization at any time and shall be informed of the right by the agency. I also recognize that the revocation shall be effective at the time of filing of cancellation of such authorization with the agency; however, no liability will be imposed unless the same has been filed within time to properly advise the state of such cancellation.
- I agree to indemnify and hold harmless the state of South Dakota, its agents and employees from any claims of any kind or character that may arise by reason of any action taken by the state in reliance upon this agreement. I agree that the state of South Dakota or its agents and employees shall not be liable for deduction made after filing a notice of revocation but shall seek my redress against the organization.

I hereby make application for membership and hereby agree to comply with and be bound by the bylaws of the South Dakota State Employees Organization.

Recruiter (if any): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Scan and email or mail the completed form to:

Email - [office@sdseo.org](mailto:office@sdseo.org)

Mailing Address – SDSEO, PO Box 1021, Pierre, SD 57501