



NEW YORK

Date processed:

MEMBERSHIP CONTRIBUTION FORM

NAME _____ INDEX No. _____

DEPT./OFFICE/UNIT _____ GRADE/STEP _____

E-MAIL (UN or external) _____

SIGNATURE _____ DATE: _____

Contribution to the United Nations Staff Union:

I hereby authorize the United Nations Payroll Section to make the following deduction from my salary as my contribution to the United Nations Staff Union:

(Payroll options are strongly preferred, thank you!)

☐ A monthly contribution that amounts to one four-hundredth of my net salary as recommended by the Staff Council.

☐ A monthly contribution of US\$ _____
(See overleaf for table of suggested contribution)

Alternatively, you may wish to make a lump-sum payment:

☐ One year of dues lump-sum contribution of US\$ _____ (min. US\$ 100)
(please indicate check number, payable to the UN Staff Union _____)

☐ Retroactive dues of US\$ _____
(please indicate check number, payable to the UN Staff Union _____)

☐ Check box if you wish to modify dues. New contribution of US \$ _____

I understand that this authorization remains valid until cancelled in writing.

(to request discontinuation form from Staff Union, write to newyorkstaffunion@un.org)

(Do not write below this line)

For UN Staff Union and Payroll Use only

☐

NEW MEMBER

☐

MODIFY

Amount \$ _____ Date Effective _____ Authorization _____

Notes _____ UN Payroll _____ Date _____



NEW YORK

Suggested contribution (in US dollars)

Grade	1	2	3	4	5	6	7	8
Director	20.00	25.00						
Professional	10.00	12.00	14.00	16.00	18.00			..
General Service	8.00	9.00	10.00	11.00	12.00	13.00	14.00
Language Teacher	11.00							
Public Information	8.00	9.00	10.00					..
Security	8.00	9.00	10.00	11.00	12.00	13.00	14.00
Trade & Crafts	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00

Please return the completed form in PDF format to the Staff Union via:

newyorkstaffunion@un.org