

NEW CAUCUS MEMBERSHIP FORM

Yes, I want to join__ / rejoin__ the NEW CAUCUS of PSC-CUNY

Name_____

Dept._____

CUNY Campus_____

Circle the appropriate title:

HEO ■ CLT ■ professorial line ■ adjunct ■ lecturer ■ counselor ■ registrar ■
instructor ■ EOC ■ graduate assistant ■ Hunter HS, ■research line ■ Retiree
Other (Please specify)_____

Telephone:

(Work)_____

(Home)_____

Home Address_____

E-Mail_____

Fax:_____

Please send this form with annual dues payment (\$25 full-timers/ \$10 retirees and part-timers) and any contributions payable to:

**NEW CAUCUS/PSC
Park West Finance
PO Box 20678
New York, NY 10025**