

**Time sensitive**  
**Limited time window**

**Notice Date:** 02/03/2025  
**Contact phone:** 833-228-4969  
**Average Annual Cost:** \$700

**Immediate response to this  
 Notice Requested**

## URGENT NOTICE

**Attention:** [REDACTED]

This letter is to inform you that your OSEA Membership unenrollment period may be approaching. If you intend to terminate your union membership, all you need to do is fill out the included form and drop it in the mail.

This opportunity is time sensitive due to the language included on your union's membership card.

*"This authorization shall remain in effect until cancelled by me in writing to OSEA and my employer"*

If you would like to expediate the process contact a service representative by emailing [info@OptOutToday.com](mailto:info@OptOutToday.com), visiting our website [OptOutToday.com](http://OptOutToday.com), calling (833) 228-4969, or scanning the QR code.



### OSEA Executive Director,

Effective immediately, I resign any membership I may have in all levels of the Oregon School Employees Association (OSEA), AFT Local 6732. Pursuant to the U.S. Supreme Court's decision in *Janus v. AFSCME*, I further direct you to immediately cease the deduction of all union dues, fees, and political contributions from my wages and to refund any such funds deducted from my wages without my express authorization. Any consent for such deductions I may have previously provided is revoked, effective immediately.

I understand that OSEA has arranged to be the exclusive bargaining representative of all employees in my bargaining unit and that, in exchange for this privilege, OSEA must continue to represent me fairly and without discrimination in dealings with my employer and cannot, under any circumstances, deny me any wages, benefits, or protections provided under the collective bargaining agreement with my employer.

I authorize the Freedom Foundation to transmit this notice to OSEA and/or my employer on my behalf. Please confirm receipt of this notice and inform me when the deductions will cease.

- ☐ I am already not paying union dues.
- ☐ I am retired, have left this job, or am no longer in a union represented position.
- ☐ Send me a copy of any dues deduction authorization — written, electronic, or oral — the union has on file for me.

FULL NAME

STREET ADDRESS

STATE, CITY, ZIP

PHONE

E-MAIL

EMPLOYER

SIGNATURE

DATE

003TP000008JNtsYAG

OR\_25\_Q1\_OOT\_OSEA