

AUTHORIZATION FORM AND MEMBERSHIP RIGHTS NOTICE

LOCAL # _____ AFL-CIO _____ SHOP _____

NAME _____ SOCIAL SECURITY # _____
Last (Please Print) First

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE HIRED: MO.	DAY	YEAR 20	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>	SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	MARRIED <input type="checkbox"/>	NAME OF BENEFICIARY
Phone:			DOB:				RELATIONSHIP OF BENEFICIARY	

I hereby agree to become a member of the union, and to authorize Union to act as my exclusive collective bargaining representative with my employer.

I also authorize my employer to deduct from my paycheck the initiation fees, monthly union dues, and any and all other fees and assessments required to remain a member in good standing of Union, or the equivalent service fee in the amount of initiation fees, union dues and other fees and assessments in the event that I choose not to join Union, or the monthly fair share fees calculated by Union in the event that I file a timely objection to the payment of the full equivalent of initiation fees, union dues, and other fees and assessments. I hereby assign these payments to the union and direct that same be forwarded each month to the Union. This authorization shall be irrevocable for the period of one (1) year, or until the expiration of the collective bargaining agreement between my employer and the Union, whichever is sooner, and shall be automatically renewed and shall be irrevocable for successive periods of one year each, or for the period of each succeeding applicable collective bargaining agreement, whichever is shorter, unless I give written notice to my employer and Union postmarked not more than 25 and not less than 10 days prior to each one year period, or prior to the expiration of the collective bargaining agreement.

I understand that I need not become a full member of Union, but that if I refrain from joining the Union, I will be required to pay either a service fee in an amount equivalent to initiation fees, union dues, and other fees and assessments, or a fair share fee in an amount to cover collective bargaining expenses.

I understand that I may pay the service fee to Union by crossing out the first paragraph of this card, and that I may also object to paying the full service fee and pay the fair share instead, only by written notice to Union post-marked either within 30 days after I am first required to make payments to Union; 30 days after I resign my membership within Union; or annually during the month of February. Further, I may thereafter object to the amount of the fair share fee that I believe is not related to collective bargaining expenses by written objection to the union postmarked within 30 days after receiving the fair share calculations from the Union.

For information concerning the amount of the fair share fee and its calculation, contact President, Central State Joint Board, 245 Fencil Lane, Hillside, Illinois 60162-2001 (312) 738-0822.

Signature _____

Date Signed _____

