

CHECK-OFF AUTHORIZATION



To (Name of Company): _____

I, the undersigned, hereby authorize and direct the above employer to deduct from my wages an amount equivalent to dues and initiation fees as shall be certified by the Secretary-Treasurer of Local Union No. _____ of the United Food and Commercial Workers International Union, CLC, and remit same amount to said Secretary-Treasurer.

This authorization and assignment is voluntarily made in consideration for the cost of representation and collective bargaining and other activities undertaken by the Union and is not contingent upon my present or future membership in the Union. This authorization and assignment shall be irrevocable for the period of one (1) year from the date of execution or until the termination date of the agreement between the Employer and the Local Union, whichever occurs sooner, and from year to year thereafter, unless not less than thirty (30) days and not more than forty-five (45) days prior to the end of any subsequent yearly period I give the Employer and Union written notice (certified mail) of revocation bearing my signature thereto.

Print Name	Social Security No.	Signature
Address		Date
City, State, Zip Code		

DUES PAID TO THE UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ARE NOT CHARITABLE CONTRIBUTIONS FOR FEDERAL TAX PURPOSES.

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION MEMBERSHIP APPLICATION (PRINT OR TYPE)

Local Number	First Name	M.I.	Last Name		
Social Security Number	E-mail Address			Sex	Date of Birth (Mo./Day/Yr.)
Address		Apt. #	City	State	Zip Code
				Home Telephone (Include Area Code)	
Employer Name	Location Name/Number		Location Address		
Dept. or Job Classification	Clock #	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	Start Date (Mo./Day/Yr.)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hourly Wage
Type of Work Performed	Previous Union Affiliation		Withdrawal Date (Mo./Day/Yr.)		
UFCW Contract #	Applicant's Signature			Date Signed (Mo./Day/Yr.)	
I hereby make application for membership in the UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION and affirm that the above statements are true, and I agree that all moneys paid by me shall be forfeited and my membership declared void if they are not true. I authorize the UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION to represent me for the purposes of collective bargaining and handling of grievances, either directly or through such local union as it may duly designate.	LOCAL UNION USE ONLY Affiliation Date (Mo./Day/Yr.)			Must Be Completed By Local Union Basis for Membership: (Check one)	
	Local Union Executive Officer's Signature			<input type="checkbox"/> Newly Initiated <input type="checkbox"/> Reinstatement from Suspension <input type="checkbox"/> Admit (transfer within 30 days) <input type="checkbox"/> Reinstatement from Withdrawal <input type="checkbox"/> Reinstatement from Military Withdrawal Enter standard industry code (SIC) of employer's primary business (see membership manual for assistance).	
					SIC Code: <input style="width:50px;" type="text"/>