

United Industrial, Service, Transportation, Professional and Government Workers of North America

Affiliated with the Seafarers International Union, Atlantic, Gulf, Lakes and Inland Waters, AFL-CIO

5201 Auth Way ■ Camp Springs, MD 20746 ■ (301) 899-0675 ■ www.uiwunion.org

Please Print Clearly

Membership Application for the United States Virgin Islands

Name: _____ Employer: _____ Hourly Rate (\$): _____

Social Security No.: _____ Birth Date: _____ Location: _____

Marital Status: Single Married Divorced Widow(er) Hire Date: _____ Position: _____

Address: _____ Are you a United States Citizen? Yes No

Place of Birth: _____

Cell No.: _____ Home No.: _____ Are you a Registered Voter? Yes No

Gender: _____ Height: _____ Weight: _____ Are you a Veteran of the United States Armed Forces? Yes No

Hair Color: _____ Eye Color: _____ If yes, which Branch of Service? _____

I solemnly swear that the statements on this application are true. Further, I solemnly swear that I do not believe in, and I am not a member of, nor do I support any organization that believes in or advocates the overthrow of the United States government, by force or by illegal or unconstitutional methods. Further, I solemnly swear that I will support and defend the constitution of the United States against all enemies foreign and domestic: That I will bear true faith and allegiance to the same: And that I take this obligation freely without mental reservation or purpose of evasion so help me God.

Signature: _____ Date Signed: _____ Are you interested in information about Union Plus benefits? Yes No

United Industrial, Service, Transportation, Professional and Government Workers of North America

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Check-off Authorization for the United States Virgin Islands

I hereby assign to the United Industrial, Service, Transportation, Professional and Government Workers of North America, and direct my Employer to deduct from my wages earned or to be earned by me during this and each month thereafter, regular monthly membership dues in an amount equal to two (2) hours pay based upon my hourly pay rate during the appropriate months for which dues are paid. However, I understand that in no event shall my monthly dues be less than twenty dollars (\$20.00) or twice the Federal hourly minimum wage; whichever amount is higher. Such dues or agency fees are to be deducted from the first pay period of each month. This authorization is made by me and shall continue under its terms irrespective of my membership status in the Union.

In the alternative, I hereby assign to the Union, and direct my Employer to deduct from my wages as stated above, agency fees. The agency fee amount varies from year to year and is published annually in the union's newsletter (The United Worker) but is generally between 94% and 97% of the dues amount. I signify my choice of this option by initialing here ____.

This assignment and authorization shall be irrevocable for a period of one (1) year from the date hereof, or until the termination date of the current collective bargaining agreement between the Union and the Employer, whichever is the shorter period, and shall be automatically irrevocably renewed for like periods unless, within the thirty (30) day period beginning fifteen (15) days before and ending fifteen (15) days following the end of any renewal period, I submit a written revocation signed by myself and sent by registered mail, return receipt requested, to the Union's Secretary-Treasurer. I further understand that this authorization is effective unless properly revoked, irrespective of my membership status.

Unless indicated by my initials above, if any initiation fees are due and owing to the union, I further authorize you to deduct from my first pay period an amount equal to one-quarter (¼) of the Union's initiation fees, and a like one-quarter (¼) amount during each of the next three (3) consecutive months, which amounts shall be certified by the Union's Secretary-Treasurer as the initiation fees.

All monies deducted from my earnings as provided above shall be held by my employer, in trust, and be remitted monthly to the Union on or before the 20th day of each and every month.

This authorization shall be effective on the date of its signing by me.

Name: _____ Social Security No.: _____ Employer: _____

Signature: _____ Date Signed: _____

United Industrial Workers Political Activity Donations (UIW-PAD)

\$2.00 per month \$5.00 per month Designated amount of \$ _____ per month

Effective this date, I hereby assign, direct and authorize you to deduct from my salary the sum indicated above and to forward such amount to UIW-PAD, 5201 Auth Way, Camp Springs, Maryland 20746. This Authorization shall remain in full force and effect unless written notice is given by me to you of revocation of this Authorization.

I acknowledge and understand that UIW-PAD is a separate segregated fund established and administered by the United Industrial, Service, Transportation, Professional and Government Workers of North America of the Seafarers International Union, AGLIW, AFL-CIO to engage in political activities and to make contributions and expenditures for candidates seeking political office; that UIW-PAD solicits and accepts only voluntary contributions; that I have the right to refuse to make any contribution without reprisal; that the specified amount herein provided is to minimize administrative responsibilities and costs consistent with the facilitation for the making of voluntary contributions; that the specified amount is merely a suggestion and that I may contribute more or less than the amount without suffering any advantage or disadvantage from my union; and that this Authorization for contributions constitutes my voluntary act.

I certify that I am a citizen of the United States or that I have been admitted for permanent residence and have a valid green card.

I agree to hold you harmless for any payments you may make to the Treasurer, UIW-PAD, pursuant to this Assignment.

Name: _____ Social Security No.: _____ Employer: _____

Signature: _____ Date Signed: _____

