

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

Membership Application

NAME: PHONE NUMBER:
ADDRESS: SOCIAL SECURITY NO:
DATE OF BIRTH: PLACE OF BIRTH:
HEIGHT: WEIGHT: COLOR OF HAIR: COLOR OF EYES:
ARE YOU A CITIZEN? yes no REGISTERED VOTER? yes no
ARE YOU A VETERAN? yes no BRANCH OF SERVICE:
PRESENT EMPLOYER: REGION:
DATE OF EMPLOYMENT: HOURLY RATE: \$
CLASSIFICATION: HAVE YOU ANY SPECIAL SKILL OR TRADE:

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.

PLACE: _____ DATE: _____ SIGNED: _____

APPLICATION ACCEPTED & APPROVED: _____ AMOUNT OF INITIATION: _____ COMPANY CODE NO: _____

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

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Check-off Authorization

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 (\$20.00) dollars 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, an appropriate amount determined by the Union on an annual basis as an agency fee. 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 fifteen (15) days before the end of any renewal period, I submit a written revocation signed by myself and sent by registered mail, return receipt requested, to the Employer and the Union. I further understand that this authorization is effective unless properly revoked, irrespective of my membership status.

I further authorize you to deduct from my first pay period an amount equal to one-quarter (1/4) of the Union's initiation fees, and a like one-quarter (1/4) amount from my first pay period in the next three (3) consecutive months, which amounts shall be certified by the Union's Secretary-Treasurer as the initiation fees. In the alternative, I authorize you to deduct the appropriate fee as agency 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.

DATE OF HIRE: _____ NAME: _____ COMPANY: _____
ADDRESS: _____
SOCIAL SECURITY NUMBER: _____ HOME PHONE: _____ SIGNATURE: _____

United Industrial Workers Political Activity Donation (UIW-PAD)

TO: PAYROLL UNIT

DATE: _____

Effective from this date, I hereby assign, direct and authorize you to deduct from my salary a sum of one dollar (\$1.00) per month and to pay and transfer 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 (Print): _____ Signature: _____

Social Security No. _____ Employer: _____

Home Address: _____

White—Company's Copy

Canary—Union's Copy

Pink—Member's Copy