



APPLICATION FOR MEMBERSHIP

To the Officers and Members of Local Union _____ Location _____

I hereby apply for membership in the above named union and authorize said union to act for me as my collective bargaining agent in all matters pertaining to rates of pay, wages, hours of employment and other terms and conditions of employment.

Name _____
First Middle Last

Address _____
Number Street

City State Zip Code

Email _____ Telephone No. _____

Cell No. _____ Permission to Text Yes No Married or Single _____

Date of Birth _____ Age _____ Sex _____ Social Security _____

Employer _____

Employee ID/Badge Number _____ Employment Date _____

Job Title _____ Work Location _____

➔ **Signature: X** _____ Initiation Date _____
Date _____ Employee Local Union Secretary

I voluntarily authorize and direct my employer and any successor employer (Employer) to deduct from my pay and remit to Local Union _____ of the Amalgamated Transit Union and its successors (Union) the Union's dues, fees and/or assessments.

This voluntary authorization and direction shall continue year-to-year and remain in effect, irrespective of my membership status in the Union, unless I provide a written notice of revocation to the Employer and the Union during either of the following time periods: (1) not more than twenty days and not fewer than ten days prior to each annual anniversary date of this authorization and direction, or (2) not more than twenty days and not fewer than ten days prior to the termination of the collective bargaining agreement (if there is one) between the Employer and the Union. This authorization and direction shall continue in effect if my employment is terminated and I am later re-employed by the Employer.

I recognize that this authorization and direction is voluntary and not a condition of my employment. I understand that Union membership is not a condition of this voluntary authorization and direction; and that this authorization and direction may be revoked only as specified by its terms.

➔ **Signature: X** _____ Name: _____
Date: _____

TEAR HERE ← -----



I voluntarily authorize and direct my employer and any successor employer (Employer) to deduct from my pay the indicated sum per week:

\$2.50 \$3.00 \$5.00 \$ _____

and remit that amount to the Amalgamated Transit Union Committee on Political Education (ATU COPE).

This authorization and direction is voluntarily made by me; it is not a condition of membership in the Amalgamated Transit Union (ATU) or any affiliated local union, or a condition of employment with my Employer. I may refuse to contribute without any reprisal. I understand that the amounts listed above are merely suggestions, I am free to contribute more or less than these guidelines and ATU will not favor or disadvantage me by reason of the amount of my contribution or my decision not to contribute. ATU COPE will use my contributions to make political contributions and expenditures, including but not limited to, in connection with federal, state and local elections. This authorization may be revoked at any time by notifying my local union or ATU COPE in writing of my desire to do so.

➔ **Signature: X** _____ Name: _____
Date: _____ Employee ID/Badge Number _____ Work Location _____

Contributions to ATU COPE are not deductible as charitable contributions for Federal income tax purposes. Federal law requires us to use our best efforts to collect and report the names, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.