

# United Electrical, Radio and Machine Workers of America (UE)

## — APPLICATION FOR MEMBERSHIP —

Yes, I want to join and become a member of UE Local \_\_\_\_\_ to improve my workplace and my community. I hereby request and accept membership in the United Electrical, Radio & Machine Workers of America (UE) and authorize it to represent me, and in my behalf to negotiate and conclude all agreements as to hours of labor, wages, and all other conditions of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Employer \_\_\_\_\_ Dept./Division \_\_\_\_\_

Cell or home phone number \_\_\_\_\_

Email address \_\_\_\_\_

Employee or Clock No. \_\_\_\_\_ Date of hire \_\_\_\_\_ Shift \_\_\_\_\_

Print Name \_\_\_\_\_

Received by \_\_\_\_\_

## — CHECK-OFF AUTHORIZATION —

TO: \_\_\_\_\_

Name of Employer and Location

Effective Date

I recognize the need for a strong, independent, democratic, rank and file union and believe that all workers represented by the UE should pay their fair share to financially support our union. You are hereby authorized and directed to deduct from my bi-weekly pay, an amount equivalent to dues, fees, assessments and initiation fees as shall be certified by the United Electrical, Radio & Machine Workers of America (UE) Local \_\_\_\_\_ and remit the same to the UE.

This authorization and assignment is voluntarily made as an administrative convenience to facilitate payment of dues, fees, assessments, and initiation fees. This authorization and assignment shall be irrevocable for a period of one (1) year from the date I sign this card or until the end of the current collective bargaining agreement between my Employer and the Union, whichever occurs sooner, and from year to year thereafter, unless I give the Employer and the Union written notice to stop deducting payments under this agreement, postmarked within seven (7) days before the end of the one year period or postmarked seven (7) days before the end of the collective bargaining agreement. I understand that the Employer will stop deducting, and the Union will stop receiving, my wages effective the month after the month in which written notice of revocation is given. Revocation shall be effective only if I give the Employer and UE Local \_\_\_\_\_ written notice, and it is received or postmarked during the period specified above.

This authorization will remain in effect in the event that I am laid off, leave work on a leave of absence, or separate from employment with my present Employer. I authorize deductions to resume upon the resumption of employment as a new hire or otherwise.

**Copy and retain this document  
before submitting to Employer**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee or Clock No.