

# UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION

## MEMBERSHIP APPLICATION - Local 1059

Last Name										First Name										M. Initial		
Address - P.O. Box, Apt. #																						
City						State		Zip Code				Date of Birth										
Area Code			Home Telephone						Registered Voter		Date of Hire		Month		Day		Year					
Area Code			Cell Phone						Employer		Work Location #				Job Classification							
Hourly Wage		Sex		Social Security Number						PREVIOUS UNION AFFILIATION												

I hereby make application for membership in the UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION and affirm that the above statements are true, and I agree that all monies paid by me shall be forfeited and my membership declared void if they are not true.

I authorize the UNITED FOOD & 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.

**X**

APPLICANT'S SIGNATURE

*Randy Smith*

LOCAL UNION EXECUTIVE OFFICER'S SIGNATURE

RETAIN THIS COPY FOR LOCAL UNION'S RECORD

**FOR LOCAL UNION USE ONLY**


**DO NOT WRITE OR MARK**

### ABC POLITICAL CHECK-OFF AUTHORIZATION

I hereby authorize \_\_\_\_\_ to deduct  50¢  75¢  \$1.00 or  Other \_\_\_\_\_ weekly from my paycheck in accordance with my existing union contract. This amount is to be submitted to the UFCW Local 1059 Active Ballot Club.

I understand that this authorization is voluntary, and that the making of payments to the UFCW Active Ballot Club is not a condition of membership in the Union or of employment with the Employer and that I have a right to refuse to sign this authorization and not contribute to the UFCW Active Ballot Club without reprisal.

I understand that my contribution will be used for political purposes, including the support of candidates for federal, state and local offices. I expressly reserve the right to revoke at any time this authorization in writing.

Contributions or gifts to the UFCW 1059 Active Ballot Club are not deductible as charitable contributions for federal tax purposes.

Date Signed  /  /

NAME - PLEASE PRINT

**X** \_\_\_\_\_

SIGNATURE

SOCIAL SECURITY NUMBER  -  -

### LOCAL 1059, U.F.C.W. 4150 East Main Street, Columbus, Ohio 43213 AUTHORIZATION AND ASSIGNMENT

You are hereby authorized and directed to deduct from my wages, commencing with the next payroll period, all Union dues, initiation fees, reinstatement fees, service fees, and back dues, if applicable, as certified by the President of Local 1059 of the United Food & Commercial Workers International Union and to remit same to said President.

This authorization and assignment shall be irrevocable for a period of one (1) year from the date of execution or until the termination date of the agreement between the Employer and Local 1059, 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 the Union written notice of revocation bearing my signature thereto. This authorization is voluntary and is not conditioned on my present or future membership or absence of membership in the Union.

The President of Local 1059 is authorized to deposit this authorization with any Employer under contract with Local 1059, and is further authorized to transfer this authorization to any other Employer under contract with Local 1059 in the event I should change employment.

Date of Hire  /  /

Date Signed  /  /

SOCIAL SECURITY NUMBER  -  -

