BCF

PLEASE COMPLETE, PRINT AND SIGN ALL 3 SECTIONS AND RETURN TO LOCAL2110@2110UAW.ORG

	,	TECHNICAL, OFFICE & PROFESSIONAL UNION LOCAL 2110 U.A.W., AFL-CIO WWW.2110UAW.ORG				
Name						
Cellphone	Home Phone#					
Hm Address	City	StZip				
Workplace	Dept					
Job Title	Initial Semester Appoint	ted				
Wk Email	Non-Wk Email					
	rorkers in organizing to better our wages, our work resentative in collective bargaining for wages, hours					
Date	Signature					

Yes! I want to get involved in building a stronger Union!

I hereby authorize and direct my employer to deduct from my wages and to pay over to the Union on notice from the Union such amounts including initiation fees and assessments (if any owing by me) as my membership dues in said Union as may be established by the Union and become due to it from me during the effective period of this authorization.

This authorization may be revoked by me as of any anniversary date hereof by written notice signed by me of such revocation, received by my Employer and the Union, by registered mail, return receipt requested, not more than sixty (60) days and not less than fifty (50) days, before any such anniversary date, or on termination date of the collective bargaining agreement covering my employment, by like notice prior to such termination date, whichever occurs the sooner.

Signature	 	 	
-			

Date_____

Print Name_____

I hereby authorize and direct my employer to deduct from my wages and to pay over to the Union on notice from the Union such amounts including initiation fees and assessments (if any owing by me) as my membership dues in said Union as may be established by the Union and become due to it from me during the effective period of this authorization.

This authorization may be revoked by me as of any anniversary date hereof by written notice signed by me of such revocation, received by my Employer and the Union, by registered mail, return receipt requested, not more than sixty (60) days and not less than fifty (50) days, before any such anniversary date, or on termination date of the collective bargaining agreement covering my employment, by like notice prior to such termination date, whichever occurs the sooner.

Signature_____

Date_____

LOCAL 2110 U.A.W.

