

RETURN TO LOCAL UNION OFFICE

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION MEMBERSHIP APPLICATION/UFCW Local 368A



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|--------------------------------------------------------------|-------------------------|
| Last Name | First Name | Int | Date of Birth / / | Social Security Number | Date of Hire / / |
| Street Address | | Apt # | City | State | Zip Code |
| Cell Phone | By providing a cell number, I consent to receiving any communications including text messages and auto-dialed calls and messages from my UFCW Local Union, UFCW International Union, their affiliates including AFL-CIO and their agents, while reserving the right to opt out in the future. Carrier data and message rates may apply. | | | F/T <input type="checkbox"/> P/T <input type="checkbox"/> | Avg. Weekly Hrs. |
| E-Mail Address | | Company Name | | Store # | Rate of Pay |
| I hereby make application for the membership of the United Food and Commercial Workers International Union and affirm that the above statements are true and agree that all moneys, paid by me shall be forfeited and my membership declared void if they are not true. I authorize United Food and Commercial Workers International Union to represent me in the purpose of collective bargaining and handling of grievances, either directly or through such local union as it may duly designate | | | Type of Work Performed | Previous Affiliation/Local Number | |
| Applicant's Signature X | | Date Signed / / | Local Union Executive Officer's Signature <i>[Signature]</i> | | Affiliation Date / / |

This Check-Off Authorization and Agreement is separate and apart from the Membership Application and is attached to the Membership Application only for convenience.

CHECK-OFF AUTHORIZATION

To: Any Employer under contract with United Food and Commercial Workers Union, Local 368A, or its successor

You are hereby authorized and directed to deduct from my wages (in my present or any future employment by you), commencing with the next payroll period, an amount equivalent to dues and initiation fees as shall be certified by the Secretary-Treasurer of Local 368A or its successor and remit same to said Secretary Treasurer.

This authorization and assignment is voluntarily made in consideration for the cost of representation and collective bargaining and is not contingent upon my present or future membership in the Union. 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 368A or its successor, 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 subsequent yearly period or termination date of the agreement between the Employer and Local 368A or its successor, I give the Employer and Union written notice of revocation bearing my signature thereto.

The Secretary-Treasurer of Local 368A or its successor is authorized to deposit this authorization with any Employer under contract with Local 368A or its successor and is further authorized to transfer this authorization to any Employer under contract with Local 368A or its successor in the event that I should change employment.

Date Signed _____ Signature **X** _____

Social Security No. _____ Name Printed _____

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 368A

UFCW Active Ballot Club for Political Check-off

To _____ Date _____

NAME OF COMPANY

I hereby authorize and direct the company named above to deduct from my pay the sum of one dollar (\$1.00) two dollars (\$2.00) three dollars \$3.00) other _____ per week for all compensated weekly paychecks as your employee and to remit the amount to UFCW 368A Active Ballot Club.

This authorization is voluntarily made based on my specific understanding that:

- *The signing of this authorization card and the making of these voluntary contributions are not conditions of membership in UFCW or of employment by my employer
- *I may refuse to contribute without reprisal
- *This contribution is made as part of a fundraising arrangement between UFCW 368A and the United Food & Commercial Workers International Union Active Ballot Club
- *UFCW Active Ballot Club will use the contributions they receive for political purposes, including but not limited to making contributions to expenditures for candidates for

This authorization shall remain in full force and effect until revoked in writing by me.

Signature **X** _____ Print Name _____ Social Security # _____

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year. Contributions to UFCW International Union Active Ballot Club are not deductible for federal income tax purposes. *This amount is only a suggestion. I may contribute a greater or lesser amount, including through methods other than payroll deduction, and I will not be disadvantaged or favored because of my decision to contribute or not to contribute or the amount of my contribution.