



## 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/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cell No. \_\_\_\_\_ Permission to Text  Yes  No \_\_\_\_\_ Married or Single \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Employer \_\_\_\_\_

Employee ID/Badge Number \_\_\_\_\_ Employment Date \_\_\_\_\_

Job Title \_\_\_\_\_ Work Location \_\_\_\_\_

► Signature: **X** \_\_\_\_\_  
Employee \_\_\_\_\_

Initiation Date \_\_\_\_\_  
Local Union Secretary \_\_\_\_\_

Date \_\_\_\_\_

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: \_\_\_\_\_