

# LIUNA! Local 777

Feel the Power

## UNION MEMBERSHIP PAYROLL DEDUCTION AUTHORIZATION FORM

FOR OFFICE USE ONLY:

New Member

Change Existing Member Information

**PLEASE READ CAREFULLY AND PRINT RESPONSES**

I recognize the need for a strong union and believe everyone represented by our union should pay to support our union's activities. Accordingly, I hereby request and voluntarily authorize my employer to deduct from my earnings an amount equal to the regular monthly dues uniformly applicable to members of LIUNA Local 777.

While a union member in Good Standing, I shall be entitled to all of the rights and privileges of union membership. My check-off authorization will renew automatically, regardless of my membership status, unless revoked as prescribed below. My signature below strengthens our union to win fair wages and benefits!

**EMPLOYER: (select one below)**

- |   |  |  |   |  |   |
|---|--|--|---|--|---|
| <input type="checkbox"/> Arvin                  | <input type="checkbox"/> Bakersfield         | <input type="checkbox"/> Carlsbad          | <input type="checkbox"/> Kern             | <input type="checkbox"/> Lake Elsinore | <input type="checkbox"/> Los Angeles-City |
| <input type="checkbox"/> Los Angeles-County CDC | <input type="checkbox"/> Newport-Association | <input type="checkbox"/> Newport-Prof/Tech | <input type="checkbox"/> Pasadena-PACTE   |  |   |
| <input type="checkbox"/> Riverside-County       | <input type="checkbox"/> Riverside-Courts    | <input type="checkbox"/> Rubidoux          | <input type="checkbox"/> San Diego-Courts |  |   |
| <input type="checkbox"/> Sierra Madre           | <input type="checkbox"/> Other _____         |  |   |  |   |

Social Security \_\_\_\_\_ Employee ID \_\_\_\_\_ Hire Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_  I would like to receive SMS text messages from LIUNA

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Personal Email \_\_\_\_\_

Work Email \_\_\_\_\_

Employer (as selected above) \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Worksite \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I agree that this authorization shall renew automatically at the expiration of the Memorandum of Understanding, regardless of membership status, unless I give written notice to my Employer and the Union thirty (30) days prior to the expiration of the Collective Bargaining Agreement (CBA). This check-off authorization shall continue irrespective of any union security clause or obligation contained in the Collective Bargaining Agreement (CBA).

I also voluntarily authorize LIUNA Local 777 to use a portion of my union dues for Political Action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**BEST WAY TO CONTACT YOU:**  PHONE  TEXT  EMAIL  U.S. MAIL