



**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION
MEMBERSHIP APPLICATION**

Local 2008

Print or Type

Social Security Number	First Name	M. I.	Last Name			Sex	Date of Birth
Mailing Address		Apt. No.	City		State	ZIP Code	Home Telephone Number ()
Employer Name/Number/Location		E-Mail Address				Cell Phone Number ()	
Department or Job Classification	Clock No.	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	Date of Hire		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hourly Wage \$	
Type of Work Performed	Previous Union Affiliation/Local No.		Withdrawal Date		Average Hours Per Week		
<small>I hereby make application for membership in the UNITED FOOD AND 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 AND 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.</small>	Applicant's Signature X					Date Signed	
	Local Union Executive Officer's Signature <i>Steve T. Gelinas</i>					Affiliation Date	

RETURN ALL COPIES TO LOCAL UNION

CHECK-OFF AUTHORIZATION

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

To: Any Employer under contract with United Food and Commercial Workers Union, Local 2008

I hereby authorize and direct you to deduct from my wages, commencing with the next payroll period and irrespective of my membership status in UFCW Local 2008, the sum equivalent to all union dues and initiation fees as shall be certified by the President of Local 2008 of the United Food and Commercial Workers International Union and to remit same to said President.

I understand 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 2008, whichever occurs sooner, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is the lesser, unless I give written notice (via certified mail, return receipt requested) of revocation bearing my signature thereto that is delivered to the Employer and to Local 2008 not less than thirty (30) days and not more than forty-five (45) days prior to 1) the anniversary date of this authorization or 2) the expiration date of the Agreement between the Employer and Local 2008.

The President of Local 2008 is authorized to deposit this authorization with any Employer under contract with Local 2008 and is further authorized to transfer this authorization to any other Employer with Local 2008 in the event I should change employment. This authorization shall also remain effective if my employment with my current Employer ends and I am later re-employed by the same Employer.

Full Name (Please Print) _____

Address _____ City _____

State _____ Zip _____ Telephone _____ Employer/Store No. _____

Signature _____ Soc. Sec. No. _____ Date _____

UFCW AUTHORIZATION FOR POLITICAL CHECK-OFF

I hereby authorize and direct you to deduct from my wages once per pay period the sum of \$_____ and to forward that amount to the United Food and Commercial Workers Union, Local 2008, Active Ballot Club. I understand this authorization is voluntarily made on the specific understanding that the signing of this authorization and the making of payments to the Active Ballot Club of Local 2008 are not conditions of membership in the Union or of employment with the Company and that the Active Ballot Club of Local 2008 will use my contributions for political purposes, including the support of candidates for federal, state, and local office, and speaking out on public issues. I also understand that I have the right to contribute or not to contribute without reprisal. This authorization shall remain in full force and effect until revoked in writing by me.

Full Name (Please Print) _____

Address _____ City _____

State _____ Zip _____ Telephone _____ Employer/Store No. _____

Signature _____ Soc. Sec. No. _____ Date _____

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