

# United Food & Commercial Workers International Union (UFCW) Membership Application



FIRST NAME	MI.	LAST NAME	LOCAL NUMBER
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	SEX	DATE OF BIRTH (M/D/Y)
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMPLOYER NAME	EMPLOYER ADDRESS/LOCATION	START DATE (M/D/Y)
CELL PHONE NUMBER*	*By providing my cellphone number, I consent to receiving informational, non-commercial text messages on my cell phone from UFCW, while reserving the right to opt out in the future.		HOURLY WAGE
TYPE OF WORK PERFORMED	PREV. UNION AFFILIATION LOCAL NO. (If Applicable)	WITHDRAWAL DATE (M/D/Y) (If Applicable)	
I hereby apply for membership in the United Food and Commercial Workers Union, and authorize my Union to represent me for the purposes of collective bargaining.		APPLICANT'S SIGNATURE, DATE	
LOCAL UNION EXECUTIVE OFFICER'S SIGNATURE			

## CHECK-OFF AUTHORIZATION AND ASSIGNMENT UFCW

I authorize any company I work for who has a contract with the UFCW to deduct from my wages an amount equivalent to dues and initiation fees as certified by the Secretary-Treasurer of Local \_\_\_\_\_ and to pay that amount to my Union. I make this authorization in consideration for the cost of representation, collective bargaining and other activities my Union undertakes for me. This authorization is not contingent on my continued membership in the Union. This authorization shall be irrevocable for a period of one year from the date of execution thereof or until the termination of the collective bargaining agreement between the company I work for and my Union, whichever occurs sooner, and from year to year thereafter, unless not fewer than thirty days and not more than forty-five days prior to the end of any subsequent yearly period or to the termination of the collective bargaining agreement, respectively, I give the company and my Union written notice of revocation bearing my signature thereon. The Secretary-Treasurer of Local \_\_\_\_\_ is authorized to deposit with this authorization with any employer under contract with Local \_\_\_\_\_ and is further authorized to transfer this authorization to any other employer under contract with Local \_\_\_\_\_, in the event that I should change employment.

Print Name

Signature

Social Security No.

Date

*DUES PAID TO THE UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ARE NOT CHARITABLE CONTRIBUTIONS FOR FEDERAL TAX PURPOSES*

## AUTHORIZATION FOR UFCW POLITICAL CHECKOFF

I hereby authorize my employer to deduct \$1 per week from my paycheck as a contribution to the UFCW Active Ballot Club Political Action Committee. I understand that any guideline contribution amount is merely a suggestion and that I am free to contribute more or less, and the Union will not favor or disadvantage me by reason of the amount I contribute or my decision not to contribute. I also understand that I have the right to contribute or not to contribute without reprisal. I understand that my contributions will be used for political purposes, including the support of candidates for federal, state and local office, and speaking out on public issues.

Contributions to the UFCW Active Ballot Club Political Action Committee are not deductible for federal income tax purposes.

Amount other than suggested guideline: \$

Date:

Signature:

Print Name:

Last 4 digits of Social Security No:

*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.*