

**UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION**  
**MEMBERSHIP APPLICATION**  
**Local 431 Davenport, Iowa**

LAST NAME		FIRST NAME		INITIAL	SEX	DATE OF BIRTH	SOCIAL SECURITY NO.
ADDRESS				CITY		STATE	ZIP
HOME PHONE	MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	REGISTERED VOTER IN THE STATE <input type="checkbox"/> YES AND COUNTY OF RESIDENCE <input type="checkbox"/> NO		DATE OF HIRE MO. DAY YEAR		FOR LOCAL USE ONLY BASIS FOR MEMBERSHIP	
EMPLOYER	STORE	DEPT.	BUSINESS ADDRESS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	WAGE RATE		
TYPE OF WORK PERFORMED		PREV. AFFIL LOCAL NO.	LOCAL UNION USE ONLY				
I hereby make application for the membership in the UNITED FOOD & 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 & COMMERCIAL WORKERS INTERNATIONAL UNION to represent me for the purpose of collective bargaining and handling of grievances, either directly or through such local union as it may duly designate.							Newly Initialed (01) Reinstatement From Suspension (06) Admit (09) Cancel Withdrawal (10) Cancel Suspension (11) Reinstate From Withdrawal (05) Return To Active (10)
APPLICANT'S SIGNATURE X							DATE SIGNED
LOCAL UNION REPRESENTATIVE'S SIGNATURE							APPLICATION DATE

**FORWARD THIS COPY TO THE INTERNATIONAL SECRETARY TREASURER**

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

**CHECKOFF AUTHORIZATION**

**TO:** Any Employer under contract with United Food and Commercial Workers Union, Local 431, AFL-CIO. I, the undersigned, hereby voluntarily and with full knowledge of my rights authorize and direct my employer to deduct from my wages, commencing with the next payroll period, an amount equivalent to dues, death benefit donations, assessments, and/or service fees in an amount not to exceed the amount of full member dues as shall be certified by the President of Local 431 of the United Food and Commercial Workers International Union, AFL-CIO, and remit same to said President.

This authorization and assignment is voluntarily made in consideration for the cost of representation and collective bargaining and is not contingent on 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 431, 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 any subsequent period I give the Employer and Union written notice of revocation bearing my signature thereto.

The President of Local 431 Is authorized to deposit this authorization with any Employer under contract with Local 431 and Is further authorized to transfer this authorization to transfer this authorization to any other Employer under contract with Local 431 In the event that I should change employment.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
NAME PRINTED