

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

PRINT or TYPE

FIRST NAME	LAST NAME		INITIAL	SOCIAL SECURITY NUMBER	
ADDRESS		APT / LOT #	CITY		STATE ZIP CODE
BIRTH DATE	HOME PHONE	SEX M / F	MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	REGISTERED VOTER IN STATE YES <input type="checkbox"/> AND COUNTY OF RESIDENCE? NO <input type="checkbox"/>	
EMPLOYER	STORE #	E-MAIL		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	WAGE RATE
HIRE DATE	WORK PERFORMED		PREV. AFFIL. LOCAL NO.		
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.					
APPLICANT'S SIGNATURE				DATE SIGNED	
LOCAL UNION REPRESENTATIVE'S SIGNATURE				AFFIL. DATE	

 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
 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 initiation fees, 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, 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 upon 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 yearly 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 any other Employer under contract with Local 431 in the event that I change employment.

• UCC/IBT 417-C

SOCIAL SECURITY NUMBER _____ NAME PRINTED _____
 DATE SIGNED _____ SIGNATURE _____

UFCW AUTHORIZATION FORM FOR POLITICAL CHECKOFF

I hereby authorize _____ to deduct an amount equivalent to _____ cents per week from my paycheck. Such amount to be transmitted to the UFCW International Active Ballot Club at such time and in such manner as may be agreed upon by _____ and UFCW Local 431.
 (Employer)

I understand that this authorization is voluntarily made and that the amount suggested as a contribution is a guideline and that I may contribute more or less than this amount by any lawful means, other than this checkoff, or may refuse to contribute, and that the making of payments to the UFCW Active Ballot Club is not a condition of membership in the Union or of employment with the employer and that I have a right to refuse to sign this

authorization and not to contribute to the UFCW Active Ballot Club without reprisal.
 I understand that my contribution will be used for federal, state and local office. I expressly reserve the right to revoke at any time this authorization in writing.
 I also understand that contributions or gifts to the UFCW Active Ballot Club are not deductible as charitable contributions for federal tax purposes.

• UCC/IBT 417-C

 (Signature)

 (Date)

 (Name — print)

 (SS No.)