

**APPLICATION FOR MEMBERSHIP AND CHECK-OFF OF SERVICE CHARGE**

I .....new employed by  
(Print Name)

(Name of Employer)

I hereby apply for membership in the SERVICE TRADES COUNCIL UNION and/or its affiliate members, and I, specifically, agree to be bound by the Constitution and By-Laws of the body to which I am admitted membership. I, also, specifically authorize the SERVICE TRADES COUNCIL to apply for and effect a transfer of my membership between affiliates in the event I am reassigned by employer to an area represented principally by an affiliate other than the one I am applying for membership herein. I hereby designate and authorize the SERVICE TRADES COUNCIL UNION, its affiliates and its representatives, to act exclusively as my agent and representative for the purpose of collective bargaining.

(Signature)

(Date)

(Address)

(Zip Code)

(Phone)

**SERVICE FEE AUTHORIZATION**

I hereby authorize and direct my Employer, or its Successor, or any Employer for which I work to deduct from my wages a service charge equal in amount to the dues which members of the SERVICE TRADES COUNCIL UNION and/or its affiliates are obligated to pay to that Union or it designee pursuant to the provisions of any current or future collective bargaining agreement.

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 SERVICE TRADES COUNCIL UNION or any of its affiliates.

This authorization shall remain in effect until revoked by me and shall be irrevocable for a period of one (1) year from the date hereof or until the termination date of any applicable collective bargaining agreement, whichever occurs sooner, and unless I revoke this authorization by sending written notice to my Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between my employer and the Union, whichever occurs sooner; this authorization shall be automatically renewed from year to year.

I, specifically, agree that this authorization shall be effective in accordance with its stated terms irrespective of my status as member, non-member or "financial core" payor. This authorization is not to be construed as a "quid pro quo" for Union membership and/or for other financial obligations, such as "financial core" payments in lieu of membership. Service Fees are not deductible as charitable contributions for Federal Income Tax Purposes.

(Signature)

(Date)

Employee Name	Dept.	Social Security No.			Deduction	Cr.

**Company**

**Deduct Code**

**Deduction Type**

1 Permanent

2 one Pay Period

**Deduction Amount**

**Transaction Date**

Mo.	Day	Year

TC	Activity	
22	New	1
22	Change	2
22	Cancel	3

Check one

