

## <u>UNITED ASSOCIATION STEAMFITTERS LOCAL NO. 353</u> DUES/ASESSMENTS AUTHORIZATION AND ASSIGNMENT



I assign to Steamfitters Local No. 353 and Pipe Trades District Council #34 from my wages an amount equivalent to dues and assessments of Local 353 and District Council #34 and West Central Illinois Building Trades Council as such may from time to time be established. My employer, including my present and any future employer, is hereby authorized to deduct such amount from my wages and pay the same in accordance with any collective bargaining agreement under which I may be working. This authorization shall become operative upon the effective date of each collective bargaining agreement entered into between my employer and Local 353. This authorization shall be irrevocable for a period of one year or until termination of the collective bargaining agreement in existence between my employer and Local 353, whichever occurs sooner, and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one year each, or for the period of any subsequent agreement between my employer and Local 353, whichever shall be shorter, unless written notice is given by me to my employer and Local 353 not more than 20 days and not less than 10 days prior to the expiration of each period of one year, or the expiration of each applicable collective bargaining agreement between my employer and Local 353, whichever occurs sooner. For the effective period of this Dues/Assessments Authorization and Assignment, I hereby waive any right I may have to resign my Union membership. This Dues/Assessments Authorization and Assignment shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union.

Union dues and fees are not deductible as charitable contributions for income tax purposes. Local dues may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

## SIGNATURE:

## PLEASE PRINT

Name:	
Street:	
	Date of Birth:
Email:	
Card #	 S.S. #
Today's Date:	 Home Local #
Date of Hire:	 Initiation Date:
Contractor:	Job Site: