AMALGAMATED TRANSIT UNION

Affiliated with the American Federation of Labor and Congress of Industrial Organizations, and the Canadian Labour Congress

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the above named union and a pertaining to rates of pay, wages, hours of employment and other to Name First Middle	thorize said union to act for me as my collective bargaining agent in all matterns and conditions of employment. Last
	Last
First Middle	Last
Address Street	
City State	Zip Code
Email	Telephone No.
Cell No. Permission to	
	ex Social Security
Employer	Badge Number
Employee/Payroll Number	Employment Date
Work Position	Location
Date Signature X	Initiation Date
initiation fee and assessments, or the established and applicable for the Union and become due to it, as my membership dues, and direct my employer to deduct and withhold such amount from this assignment, authorization and direction shall be irrever the collective bargaining agreement between the Employer and the a condition of this authorization and that this authorization may agree and direct that this assignment, authorization and or for the period of each succeeding applicable collective bargaining unless written notice or revocation is given by me to the Employee.	cable for the period of one year from the date hereof or until the termination of Union, whichever occurs sooner. I understand that Union membership is no
whichever occurs sooner. Name (Signature) Witness	Classification

AMALGAMATED TRANSIT UNION

LOCAL UNION

Dues, contributions or gifts to the Amalgamated Transit Union are not deductible as charitable contributions for federal income tax purposes.

