

ATTACHMENT 2
MEMBERSHIP CARD AND SUPPLEMENTAL DUES CHECK-OFF CARD
AUTHORIZATION

SUPPLEMENTAL DUES CHECK-OFF AUTHORIZATION

The undersigned hereby authorizes and directs my employer, including my present employer and any future employer to deduct as supplemental dues, or as amounts owed pursuant to a lawful union security clause, the sums in such amounts as are established in accordance with any collective bargaining agreement entered into by the Western Missouri and Kansas Laborers' District Council and/or any of its affiliated Local Unions under which the employer party thereto agrees to make such deduction of supplemental dues, or amounts owed, including past due amounts owed.

The undersigned authorizes the use of the dues or amount paid by me for any lawful purpose as authorized by the Constitution of the Laborers' International Union of North America, the Local Union of the Laborers' International Union of which I am a member, and of the Laborers' District Council with which my Local Union is affiliated. Said uses may include, but are not limited to, all collective bargaining functions including organizing, collective bargaining negotiations, contract administration and enforcement, political campaign contributions to candidates for political office, political action committees, and campaigns on ballot measures, lobbying and other political activity expenses; and the support of job targeting/market recovery programs; all which activities are hereby expressly authorized and permitted by me.

The undersigned agrees and understands that supplemental dues deducted are owed to the respective Local Union(s) under whose territorial jurisdiction he/she is employed when such deduction is made and are in addition to the regular monthly dues paid directly to my home Local Union.

The undersigned further directs that this employer remit the supplemental dues or amounts deducted to the Local Union(s) entitled thereto.

The assignment and authorization shall be irrevocable for a period of one (1) year, and shall automatically renew itself from year to year thereafter, including periods between collective bargaining agreements when no agreement may be in effect, unless written notice is given to the Local Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of any yearly period, or the termination date of the applicable bargaining agreement, whichever occurs sooner.

The undersigned hereby certifies that previous deductions from my wages for supplemental dues were made with my knowledge and consent, and does hereby ratify, authorize and assign to the Union(s) entitled thereto, all of such deductions as of the time they were made.

Employee's Signature	Print Employee's Name
1290PE Local Union No. Date Signed	Employee's Address
Employee's Social Security No.	City Co. State Zip Code
Date of Birth	Home Phone () _____



AUTHORIZATION FOR REPRESENTATION
DEDUCTIONS OF FEES, DUES, AND ASSESSMENTS
PUBLIC SERVICE EMPLOYEES LOCAL UNION 1290PE

I, the undersigned employee of UNIVERSITY OF CENTRAL MISSOURI, hereby authorize LABORERS PUBLIC SERVICE EMPLOYEES LOCAL UNION 1290PE as my sole and exclusive bargaining representative in all matters. I also hereby authorize said employer to deduct from my wages any fees, dues, and assessments which are legally established by the Union membership. This authorization shall be irrevocable three hundred sixty-five (365) days (one year), and will automatically renew itself from year to year. After the initial one year period, I understand I may terminate this authorization by providing written notice of cancellation to the Union and Employer. The authorization shall be terminated thirty (30) days following the Union's receipt of notice.

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ e-mail _____

Date of Birth- Month _____ Day _____ Year _____

Social Security Number _____

Signature of Employee _____ Date _____

www.local1290.net

