

## **Transport Workers Union of America, AFL-CIO**International Headquarters: 1220 19th Street NW, Ste 600, Washington, DC 20036

OA UNION OF	·	N FOR MEMBERSHIP			
Name					
Address					
City	State	Zip			
Phone	Email_				
Employed with	Envoy Air	Location			
Department		_ Classification			
To the Officers and Member of the Transport Workers Union of America, Local No. 576 , I herewith tender my application for membership in your Union and pay the initiation fee of \$50.00 . If accepted, I will abide by the Constitution and Laws of the Organization and pay all dues and other obligations promptly. The undersigned desires to be represented by the Transport Workers Union of America for purposes of the Railway Labor Act. I understand that dues, initiation payment or gifts to the Union are not deductible as charitable contributions for Federal income tax purposes.  I was a member of the Transport Workers Union of America in good standing and are not required to pay the initation fee.					
Signature of Applic	ant	Date			

Opeiu-153

## ASSIGNMENT AND AUTHORIZATION FOR CHECK-OFF OF UNION DUES

To: Envoy Air Inc.	(carrier): I,		_(employee), hereby
	you to deduct from i		dues, assessments,
initiation fees and/or o	ther lawful deductions	(not including fines ar	nd penalties) as now
or may hereafter be e	established in accordar	nce with the Constitut	ion of the Transport
Workers Union of Ame	erica, AFL-CIO (TWU)	and as provided by the	ne parties' collective
bargaining agreement.	The dues deduction,	which shall be on a biv	weekly basis, will be
a deduction from my p	pay of the biweekly eq	uivalent of my monthly	y membership dues,
which sum is hereby a	assigned by me to TW	/U and is to be remitte	ed to TWU. It is my
understanding that the	current flat sum to be	deducted is 2 x hou	<u>rly rate</u> , which sum
	ccord with the TWU Co		
	nd TWU policy, and sh		
	agreement. TWU will	•	
	er deductions to be ma		
•	zation will be irrevocab		
	rd, or until termination	•	
•	occurs sooner. In the		
•	ition by me, this author		
	rsary of signing and wi		
	mination of the check		
whichever occurs soon			
	signing by written not 15 days immediatel		
Assignment and Author			
•	vay Labor Act, as ame		_
agreement between th	•		ice with the existing
agreement between th	c dilloil and the c	arrior.	
Name of Employee		Employee I	Number
1 7			
Signature			
Address			
City	State	Zin Codo	
City	State	Zip Code	
Phone	E	Email	
Department	St	ation	
Local Number5		ate	
	<u>,, , , , , , , , , , , , , , , , , , ,</u>		

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