



## Professional Air Traffic Controllers Organizers Dues Deduction Authorization

I hereby apply for membership in the Professional Air Traffic Controllers Organizers, FPD, NUHHCE, AFSCME, AFL-CIO (hereafter "Union") and I agree to abide by its Constitution and Bylaws. By this application, I authorize the Union, and its successor or assign, to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my Employer.

Effective immediately, I hereby voluntarily authorize and direct my Employer to deduct from my pay, regardless of whether I am or remain a member of the Union, dues in an amount equal to two (2) hours of straight time pay per month (1 hour for part-time employees), and as may be adjusted periodically by the Union. I further authorize my Employer to remit such amount monthly to the Union.

This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of execution, and from year to year thereafter, unless I give the Employer and the Union written notice of revocation not less than ten (10) days and not more than twenty (20) days before the end of any yearly period; provided, however, if the applicable collective bargaining agreement specifies a longer annual revocation period, then only that longer period shall apply. The applicable collective bargaining agreement is available for review, upon request. This card supersedes any prior checkoff authorization card I signed.

I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and may not be a condition of my employment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Worksite: \_\_\_\_\_ Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_