AMALGAMATED TRANSIT UNION

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

APPLICATION FOR MEMBERSHIP

To the Officers and Members of Local	Union 1321 L	ocation ALBANY, NY	
I hereby apply for membership in the pertaining to rates of pay, wages, hours			y collective bargaining agent in all matters
Name			
First	Middle	Last	
Address			
Number	Street	*	
City	State		Zip Code
Email		Telephone No.	
Cell No.	Permission to	Text Yes No	Married or Single
Employer			Badge Number
Employee/Payroll Number	and an admitted the above	Employment Date	
Work Position		Location	
			Initiation Date
		Employee	US VERSION
initiation fee and assessments, or the edby the Union and become due to it, and direct my employer to deduct and This assignment, authorization and I understand that Union membra condition of this authorization and the I agree and direct that this assign	established and applicable as my membership dues withhold such amount fr and direction shall be irrev pership is not that this authorization may nment, authorization and liven by me to the Employe	fee equivalent, in such amounts as are so, or the established and applicable for my pay and to remit the same to so vocable for the period of one year from y only be revoked as specifically provided direction shall be automatically renew	the date hereof
Name (Signature)		Classification	
Witness		2000	

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.

