

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 757:

I hereby apply for membership in the above named union and authorize said union to act for me as my collective bargaining agent in all matters pertaining to rates of pay, wages, hours of employment and other terms and conditions of employment.

Name _____
First Middle Last

Address _____
Number Street

City State Zip Code

Email _____ Telephone No. _____

Cell No. _____ Permission to Text Yes No Date of Birth _____

Employer _____ Badge Number _____

Employment Date _____ Work Position _____ Location _____

Check every activity in which you might participate:

Send this form by:

- Social Activities
- Organizing
- Demonstrations
- Volunteering
- Legislative Activities
- Membership Meetings
- Welcome Committee
- Other _____

- Fax: 503-230-2589
- Email: DanielleB@ATU757.org
- Mail: AMALGAMATED TRANSIT UNION 757
1801 NE Couch Street • Portland, OR 97232-3054

I hereby apply for membership in ATU 757 (hereafter the "Union") and I agree to abide by its Constitution and Bylaws. 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 each pay period, regardless of whether I am or remain a member of the Union, the amount of dues certified by the Union, and as they may be adjusted periodically by the Union, and to 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 for 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. The applicable collective-bargaining agreement is available for review, upon request. This card supersedes any prior check-off 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 not a condition of my employment.

Payments to the Union are not deductible as charitable donations for federal income tax purposes.

X _____
Print Name Signature Date

AMALGAMATED TRANSIT UNION 757

1801 NE Couch Street • Portland, OR 97232-3054 • Ph: 503-232-9144 Toll Free: 800-797-4373

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





**Get Involved Today
in a Union
That Makes Things Happen!
Become a Member
of local ATU 757!**

*Just sign and return the form
on the reverse side,
so that together we rise!*