



APPLICATION FOR MEMBERSHIP IN TEAMSTERS LOCAL 662

Affiliated with the International Brotherhood of Teamsters

I voluntarily submit this Application for Membership in Teamsters Local 662, affiliated with the International Brotherhood of Teamsters, so that I may fully participate in the activities of the Union. I understand that by becoming and remaining a member of the Union, I will be entitled to attend membership meetings, participate in the development of contract proposals for collective bargaining, vote to ratify or reject collective bargaining agreements, run for Union office or support candidates of my choice, receive Union publications and take advantage of programs available only to Union members. I understand that only as a member of the Union will I be able to determine the course the Union takes to represent me in negotiations to improve my wages, fringe benefits and working conditions. And, I understand that the Union's strength and ability to represent my interests depends upon my exercising my right, as guaranteed by federal law, to join the Union and engage in collective activities with my fellow workers.

I understand that under the current law, I may elect "nonmember" status, and can satisfy any contractual obligation necessary to retain my employment by paying an amount equal to the uniform dues and initiation fee required of members of the Union. I also understand that if I elect not to become a member or remain a member, I may object to paying the pro-rata portion of regular Union dues or fees that are not germane to collective bargaining, contract administration and grievance adjustment, and I can request the Local Union to provide me with information concerning its most recent allocation of expenditures devoted to activities that are both germane and non-germane to its performance as the collective bargaining representative sufficient to enable me to decide whether or not to become an objector. I understand that nonmembers who choose to object to paying the pro-rata portion of regular union dues or fees that are not germane to collective bargaining will be entitled to a reduction in fees based on the aforementioned allocation of expenditures, and will have the right to challenge the correctness of the allocation. The procedures for filing such challenges will be provided by my Local Union, upon request.

I have read and understand the options available to me and submit this application to be admitted as a member of the Local Union.

PRINT: _____ Occupation: _____
Last First Middle Initial

Street: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____

EMPLOYER: _____ Full time/Part time: _____

EMPLOYMENT DATE: _____ WAGE: _____

DATE OF BIRTH: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____

Have you ever been a member of a Teamsters Local Union? _____ If yes, what Local Union: _____

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____



TEAMSTERS LOCAL 662 CHECKOFF AUTHORIZATION AND ASSIGNMENT

I authorize my employer to deduct from my wages each month and to pay to Teamsters Local 662, affiliated with the International Brotherhood of Teamsters, an amount equal to the initiation fee, monthly dues, or assessments, or any other fees or charges that may apply, in such amounts as the Union may from time to time establish under its Constitution and Bylaws or applicable law.

I authorize these deductions for, and in consideration of, the Union's activities in representing me for collective bargaining and other purposes and without regard to my present or future membership in the Union. This authorization and assignment is made voluntarily and of my own free will, shall be irrevocable for the term of the applicable collective bargaining agreement between the Union and my employer, or for one year, whichever is lesser, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is the lesser, unless I give written notice of my desire to revoke same by certified mail to the Union and my employer at least sixty (60) days and not more than seventy-five (75) days before any periodic renewal date of this authorization and assignment.

Teamsters Local 662 is authorized to transfer this authorization to any other employer under contract with Teamsters Local 662 if I change my employment.

Dated: _____ Signature: _____

Printed Name: _____ Social Security No.: _____

Current Employer: _____ **Copy Applicant/Employer**

