

CHECK-OFF AUTHORIZATION

FOR UNITED STEEL, PAPER AND FORESTRY, RUBBER, MANUFACTURING, ENERGY,
ALLIED INDUSTRIAL AND SERVICE WORKERS INTERNATIONAL UNION
(UNITED STEELWORKERS)

COMPANY Company name - Location

Address Company address

Date of hire

I hereby authorize the company to deduct from my pay each month the amount of union dues (if owing by me) an initiation fee, as provided in the Constitution of the United Steelworkers.

Such deductions shall be transmitted to the International Treasurer of the United Steelworkers directly or through the local union financial secretary on or before the 15th of each month.

Name Employee Name
(please print)

Signature Employee signature

Address Employee Address (mailing address) Postal Code Employee Postal Code

Check No. Employee # Local Union No. 8914 Department Position

Witness signed by witness

(ORIGINAL) → Employer copy



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(please print)

Signature Employee signature

Address Employee address (mailing address) Postal Code Employee Postal Code

Check No. Employee # Local Union No. 8914 Department Position

Witness signed by witness

(COPY) - union



original - kept by employer for employee files

Copy - sent to union (given to each site union rep)

PLEASE USE TYPEWRITER OR PRINT PLAINLY

Name Employee Name

Address Employee address - Mailing address

**FOR UNITED STEEL, PAPER AND FORESTRY, RUBBER,
MANUFACTURING, ENERGY, ALLIED INDUSTRIAL AND SERVICE
WORKERS INTERNATIONAL UNION
(UNITED STEELWORKERS)**

AFL-CIO-CLC

Local Union No. 8914

I hereby request and accept membership in the UNITED STEELWORKERS, and of my own free will hereby authorize the United Steelworkers, its agents or representatives, to act for me as a collective bargaining agency in all matters pertaining to rates of pay, wages, hours of employment, and to enter into contracts with my employer covering all such matters, including contracts which may require the continuance of my membership in the United Steelworkers as a condition of my continued employment.

Date of hire Signature Employee signature

Employed by: Company name - location Department: position

Address Company address Postal Code Company postal code

Social Insurance No. Employee Social Insurance # Initiation Fee \$ 10 Paid

