PLEASE PRINT CLEARLY

Last Name

Middle Initial

First Name

Employer: _____ Facility:

Department: paid.

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	_ocal Union No.	3		
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ate:	Signature			
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Street Address/Postal Off	fice Box No.			
City		State		ZipCode
elephone Number:	()	_		
No. 11.				

Employer		00
Facility	Date	20
collective bargaining unit in the Employer, (if owing by me) an initiation fee each as The aforesaid payment shall be remitted of the United Steel, Paper and Forestry, Union, AFL-CIO, CLC, (also known in shoot the Allies, Pittsburgh, Pa. 15222. This assignment and authorization sha appearing above or until the termination the Union, whichever occurs sooner. I hereby voluntarily authorize you to con of the periods above specified, for further assignment shall become effective and coby giving to the appropriate management signed by me and which shall be postma any such year or within the fifteen (15) of the Employer and the Union covering my revocation shall become effective respecticopy of any such notice will be given by r	gnment, please deduct from my pay each month, whil and irrespective of my membership status in the Union, designated by the International Secretary/Treasurer of d promptly by you to Stan Johnson, or his successor, Int Rubber, Manufacturing, Energy, Allied Industrial and rt as the "Union", "United Steelworkers" or "USW") or "Ill be effective and cannot be cancelled for a period of the date of the current collective bargaining agreem stinue the above authorization and assignment in effect of successive periods of one (1) year from such date. I again the successive periods of one (1) year from such date. I again the successive periods of the facility in which I am then employ the process of the facility in which I am then employ the such that the successive periods of the facility in which I am then employ the such that	monthly dues, assessments and the Union. the Union. Service Workers International Secretary/Treasure Service Workers International its successor, 60 Boulevard of one (1) year from the datent between the Employer and the Employer Employer and Employer and Employer Employer and Employer Employ
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Form 530	(ORIGINAL FOR EMPLOYER)	3657
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