

# United Food and Commercial Workers International Union (UFCW)



## Membership Application



First Name	M.I.	Last Name	Suffix	Date of Birth / /	Gender	Soc. Sec. Number
Mailing Address—NO PO BOX		City	State	Zip	Apt/Suite	
Cell Phone (Area Code Required)	Home Phone		Email			
Employer Name	Store/Plant # or ID	Job Title	Department	Hire Date / /		
Language Preference <input type="checkbox"/> English <input type="checkbox"/> Spanish Other:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
I am applying for UFCW membership and I authorize UFCW to represent me on the job.  By providing a cell number, I agree that my UFCW Local Union and International Union can send me auto-dialed calls and texts and other communications. I reserve the right to opt out. Carrier data and message rates may apply.	Applicant Signature  <b>X</b>		Date  / /			
	Local Union President's Signature  <i>[Signature]</i>		OFFICE USE ONLY Member ID#			

### UFCW Check-Off Authorization

*This Check-Off Authorization is separate and apart from the Membership Application and is attached to the Membership Application only for convenience.*

I authorize my employer to deduct from my wages an amount equivalent to dues, initiation fees, and assessments as shall be certified by the Secretary-Treasurer of my Local Union of the UFCW, AFL-CIO and remit same to said Secretary-Treasurer.

This authorization is voluntarily made and is not contingent upon my present or future membership in the UFCW. The Secretary-Treasurer of my Local Union is authorized to provide this authorization to any employer under contract with my Local Union, and is further authorized to transfer this authorization to any employer under contract with my Local Union that hires or rehires me in the future, and it will be binding on me and my employer.

This authorization shall be irrevocable for the period of one year from the date I sign this authorization, or until the termination of the applicable collective agreement between my Local Union and my employer, whichever occurs sooner; and I agree and direct that this authorization shall be automatically renewed, and shall be irrevocable for successive one-year periods or for the period of each succeeding applicable collective agreement, whichever shall be shorter. To revoke this authorization, I agree that I will give written, signed notice to my Local Union and my employer not more than 45 days and not less than 30 days prior to (i) the end of the initial or any successive one-year period, or (ii) the termination of my initial or any successive collective agreement.

Should any part of this authorization be declared invalid or unenforceable by a legitimate court, the remaining parts shall be binding on all parties concerned.

Applicant Signature <b>X</b>	Date / /
Print Name	Soc. Sec. Number
Contributions and gifts to the UFCW are not tax deductible.	

### UFCW Active Ballot Club Check-Off Authorization

I authorize my employer to deduct from my pay \$1.00 or

Two dollars (\$2.00)     Three Dollars (\$3.00)     \$\_\_\_\_\_ (other amount)

per week for each pay period in accordance with my existing union contract. This amount is to be remitted to the UFCW Active Ballot Club.

I understand that the guideline amounts above are merely suggestions, and I may contribute a greater or lesser amount; and the Union will not favor, disadvantage or take reprisals against me by reason of the amount of my contribution or my decision not to contribute.

I understand that my contribution will be used for political purposes, including the support of candidates for federal, state, and local offices.

Applicant Signature <b>X</b>	Date / /
Print Name	Last Four Digits of SSN

Federal Law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year. Contributions or gifts to the UFCW Active Ballot Club are not deductible for federal tax purposes.