INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
MEMBERSHIP APPLICATION AND/OR CHECK-OFF AUTHORIZATION

Name [redacted] Date [redacted] Card no. _____

Address [redacted] M ☐ F ☐ Date of birth [redacted]

City [redacted] State/Province [redacted] Zip/Postal code [redacted]

SS no. [redacted] Email _____ Phone [redacted] Hire date [redacted]

Employer [redacted] Hourly wage _____

Class of work [redacted] Years experience [redacted] Shift 1 ☐ 2 ☐ 3 ☐

Membership Application. Check here: X To the Officers and Members of Lodge No. _____ (the "Lodge" or "Union"), I hereby tender my application for membership in the International Association of Machinists and Aerospace Workers (IAM). I understand that while I may be required to tender monthly fees to the Union, I am not required to apply for membership or be a member as a condition of employment and that this application for membership is voluntary. As a member, I agree to obey the Constitution of the IAM and the by-laws of my Lodge and to support the principles of trade unionism, and I authorize the IAM and/or its designated affiliate to act as my representative for collective bargaining.

These Two Must Be Checked

If former member of IAM: Card no. _____ Lodge no. _____ Location _____ Last dues paid _____

Check-Off Authorization. Check here X I authorize my Employer to deduct from my wages and forward to the Union: (1) monthly membership dues or an equivalent service fee; and (2) any required initiation or reinstatement fee as set forth in the collective bargaining agreement between the Employer and the Union and the by-laws of the Lodge. This authorization shall be irrevocable for one (1) year or until the termination of the collective bargaining agreement between my Employer and the Union, whichever occurs sooner. I agree that this authorization shall be automatically renewed for successive one (1) year periods or until the termination of the collective bargaining agreement, whichever is the lesser, unless I revoke it by giving written notice to my Employer and Union not more than twenty (20) and not less than five (5) days prior to the expiration of the appropriate yearly period or contract term. I expressly agree that this authorization is independent of, and not a quid pro quo, for union membership, but recognizes the value of the services provided to me by the Union. It shall continue in full force and effect even if I resign my Union membership, except if properly revoked in the manner prescribed above.

Important Notice. I have examined and acknowledge receipt of the attached "Notice to Employees Subject to Union Security Clauses" (on back of pink sheet). I also understand that IAM members have certain rights and privileges as set forth in the IAM Constitution and in various Federal laws, like the Labor Management Reporting and Disclosure Act (LMRDA). Copies of the IAM Constitution and the LMRDA may be obtained by contacting the IAM General Secretary-Treasurer, 9000 Machinists Place, Upper Marlboro, MD 20772. Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

[redacted]
(Your signature) (Date)

This copy to be retained by Local Union No. _____

FORM NO. MR0001-06

For Offical Use Only

Proposed by X [redacted] Date [redacted]

We, the undersigned Committee, report _____
(Favorable or Unfavorable)

Committee: _____

_____

_____

Amount paid $_____ Date _____

Balance of Fee Paid $ _____ Date _____

Initiated ☐ Reinstated ☐ Date _____

Classification

_____ Journeyman
_____ Specialist
_____ Production Worker
_____ Service Worker
_____ Helper
_____ Apprentice
_____ Technician

Gender

_____ Male
_____ Female