

# UE Local 896, COGS -Application for Membership-



I, \_\_\_\_\_,  
hereby request and accept membership in the above named  
union, and authorize it to represent me, and in my behalf to  
negotiate and conclude all agreements as to hours of labor,  
wages and all other conditions of employment.

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Department \_\_\_\_\_

(print) Last Name \_\_\_\_\_

First Name \_\_\_\_\_

I authorize and direct you to deduct from my first pay of each month, while I am employed by the Employer in the Unit covered by the collective bargaining agreement, and irrespective of my membership status in the Union, an amount equal to UE membership dues, and an initiation fee as designated by the Union and to promptly remit the same to UE Local 896, United Electrical, Radio & Machine Workers of America (UE). I understand that membership and the periodic payment of dues are not a condition of employment.

This assignment and authorization shall continue until revoked and cannot be revoked for a period of one (1) year from the date appearing above or until the expiration date of the current collective bargaining agreement between the Employer and the Union, whichever comes sooner, and shall be irrevocable for each succeeding year thereafter unless it is revoked by me within the ten (10) days preceding the end of any such period of irrevocability. Such notice of revocation shall become effective respecting the dues for the month following the month in which such written notice is given.

Revocation shall be effective only if I give you and UE Local 896, United Electrical, Radio & Machine Workers of America (UE) written notice, and it is received or postmarked during the period specified above.

## UE Local 896, COGS UNION DUES Check-Off Authorization

To: University of Iowa

Date: \_\_\_\_\_

Employees Signature \_\_\_\_\_

Department/Work-Site \_\_\_\_\_

Social Security # \_\_\_\_\_