



UNION APPLICATION BLANK

TEAMSTERS AUTOMOTIVE, INDUSTRIAL AND ALLIED WORKERS LOCAL NO. 495

with the International Brotherhood of Teamsters

800 S. Barranca Avenue, Suite 320 ▪ Covina, CA 91723-3604 ▪ 626.915.4954 ▪ 626.915.5495 FAX ▪ Website: www.teamsters495.org

Last Name:	First Name:	SSN:	
Address:	City/State:	Zip:	
Date of birth:	Phone:	E-Mail:	

EMPLOYMENT INFORMATION

Company:		Hire Date:	
Co. Address:	City:	State/Zip:	
Occupation:	Hourly Rate: \$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <i>(Please check one)</i>	

PREVIOUS AFFILIATION

Have you ever been a member of a Teamsters Local? Yes No *(Please check one)* What Local: _____

Do you have a Withdrawal Card From your previous Local? Yes No *(Please check one)*

NAME OF BENEFICIARY

Name:	Relationship:	Phone:	
Address:	City:	State/Zip:	

I voluntarily submit this Application for Membership in Local Union 495, affiliated with the International Brotherhood of Teamsters, so that I may fully participate in the activities of the Union. I understand that by becoming and remaining a member of the Union, I will be entitled to attend membership meetings, participate in the development of contract proposals for collective bargaining, vote to ratify or reject collective bargaining agreements, run for Union office or support candidates of my choice, receive Union publications and take advantage of programs available only to Union members. I understand that only as a member of the Union I will be able to determine the course the Union takes to represent me in negotiations to improve my wages, fringe benefits and working conditions. And, I understand the Union's strength and ability to represent my interests depends upon my exercising my right, as guaranteed by federal law, to join the Union and engage in collective activities with my fellow workers.

I understand that under the current law, I may elect "nonmember" status, and can satisfy any contractual obligation necessary to retain my employment by paying an amount equal to the uniform dues and initiation fee required of members of the Union. I also understand that if I elect not to become a member or remain a member, I may object to paying the pro-rata portion of regular union dues or fees that are not germane to collective bargaining, contract administration and grievance adjustment, and I can request the Local Union to provide me with information concerning its most recent allocation of expenditures devoted to activities that are both germane and non-germane to its performance as the collective bargaining representative sufficient to enable me to decide whether or not to become an objector. I understand that nonmembers who choose to object to paying the pro-rate portion of regular Union dues or fees that are not germane to collective bargaining will be entitled to a reduction in fees based on the aforementioned allocation of expenditures, and will have the right to challenge the correctness of the allocation. The procedures for filing such challenges will be provided by my Local Union, upon request.

I have read and understand the options available to me and submit this application to be admitted as a member of the Local Union

CHECKOFF AUTHORIZATION AND ASSIGNMENT

I _____, hereby authorize my employer to deduct from my wages each and every month an amount equal to the monthly dues, initiation fees and uniform assessments of Local union 495, and direct such amounts so deducted to be turned over each month to the Secretary-Treasurer of such Local Union for and on my behalf.

This authorization is voluntary and is not conditioned on my present or future membership in the Union.

This authorization and assignment shall be irrevocable for the term of the applicable contract between the union and the employer

or for one year, whichever is the lesser, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is lesser, unless I give written notice to the company and the union at least sixty (60) days, but not more than seventy-five (75) days before any periodic renewal date of this authorization and assignment of my desire to revoke same.

Signature of applicant: _____ Date: _____

OFFICE USE ONLY

Initiation Fee:	\$	Transfer Fee:	\$	Initiation Card Mailed:	
Re-Initiation Fee:	\$	Transfer Month:	\$	2 nd Initiation Card:	
Wage Rate:	\$	Transferred from Local:		Obligation Mailed:	
Dues Rate:	\$	Dues to Start:		Policy Number:	
Date Application Received:		Deposit WDC:		Beneficiary Form:	
Date Converted to Titan:		Initiation Date:		Remarks:	

PAYMENTS

Amount	Date	Applied towards
\$		
\$		

COST OF TRANSFER PAID

Check Number: _____ Date Issued: _____ Amount: \$ _____