



APPLICATION AND NOTICE

For Membership in Local Union No. _____

Affiliated with the International Brotherhood of Teamsters



I voluntarily submit this Application for Membership in Local Union _____, 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 will I 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 that 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 prorata 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-rata 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.

PRINT _____ Occupation _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Street _____ Phone _____

City _____ State _____ Zip Code _____

Employer _____ Employment Date _____

Street _____ Phone _____

City _____ State _____ Zip Code _____

Initiation Fee \$ _____ Paid to _____

Date of Birth _____ Social Security No. _____

Have you ever been a member of a Teamster Local Union? _____

If yes, what Local Union No. _____

DATE OF APPLICATION

SIGNATURE OF APPLICANT

White Copy to Local Union

Yellow Copy to Local Union

Pink Copy to Applicant



CHECKOFF AUTHORIZATION AND ASSIGNMENT



I, _____ hereby authorize my employer to deduct from my
(Print Name)

wages each and every month an amount equal to the monthly dues, initiation fees and uniform assessments of Local Union _____, 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 _____

Social Security Number _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Employer _____

Union dues are not deductible as charitable contributions for Federal Income Tax purposes.

White Copy to Local Union

Yellow Copy to Company

Pink Copy to Applicant

TEAMSTERS LIFE WITH DUES BENEFIT PLAN

Beneficiary Designation / Change of Beneficiary

Local Union No. _____ Date _____

PRINT Member Name _____

Member Address _____

Soc. Sec. No. _____ Employer _____

In the space provided below, you may designate any person or your estate as your beneficiary.

IF MORE THAN ONE BENEFICIARY IS NAMED, CHECK ONE OF THE TWO BOXES:

- I request that any death benefits be paid in equal shares to the beneficiaries listed.
- I request that any death benefits be paid to the first beneficiary named below who survives me.

Full Name _____ Sex _____ Relationship _____

Address _____

Full Name _____ Sex _____ Relationship _____

Address _____

Full Name _____ Sex _____ Relationship _____

Address _____

- CHECK THIS BOX IF YOU WISH ANY DEATH BENEFITS TO BE PAID ONLY TO YOUR ESTATE.**
(NO BENEFICIARIES NAMED ABOVE)

Executor / Administrator _____

Address _____

Member's Signature _____ Date _____

If you designate your spouse as beneficiary but become divorced, the designation as to that spouse only shall be void. You may redesignate that former spouse as beneficiary, relationship - "other".

Any death benefits payable to a minor beneficiary shall be paid to the court appointed guardian/conservator of the minor's estate or to a custodial account for the benefit of the minor beneficiary.

If you fail (or are unable) to make a valid designation of a beneficiary, or if no designated beneficiary survives you, your beneficiary will be the survivor(s) in the first surviving class among the following: (1) surviving spouse; (2) children; (3) parents; (4) brothers and sisters; (5) estate. You may change, or revoke the designation of your beneficiary at any time. To be effective, the designation, change, or revocation must be made in writing on an accepted form and must be received by your local union office before your death. This beneficiary designation cancels any previous designation you have made.

In all instances, the terms and conditions of the Group Policy and the Plan Document will determine your insured benefits and how they are paid, insofar as permitted by law.

6/06

