

SPEEA - IFTPE LOCAL 2001 MEMBERSHIP APPLICATION

APPLICANT _____
Last Name *(please print)* First Name Initial Employee ID #

ADDRESS _____
Street Apt. No.

_____ City State Zip Code

HOME PHONE (____) _____ NON-WORK EMAIL _____



APPLICANT'S SIGNATURE _____

By application, I hereby request and authorize the Society of Professional Employees in Aerospace to represent me as my bargaining representative.

SPEEA - IFTPE LOCAL 2001 DUES DEDUCTION APPLICATION

Applicant _____ Last Name <i>(please print)</i> First Name Initial Employee ID #

You are hereby authorized to deduct from my salary once monthly such sum as shall have been certified by the Society of Professional Engineering Employees in Aerospace as dues under the SPEEA constitution.

PLEASE REMIT ALL SUMS SO DEDUCTED TO SPEEA. THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME.

In order to discontinue my dues obligation, I must satisfy the mandates found in the appropriate SPEEA Collective Bargaining Agreement.

APPLICANT SIGNATURE _____