

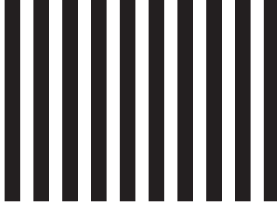


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 SOCIETY of PROFESSIONAL ENGINEERING
 EMPLOYEES in AEROSPACE
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 WICHITA KS 67218-9927

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 UNITED STATES



SPEEA-IFTE LOCAL 2001 MEMBERSHIP APPLICATION

APPLICANT

Last Name *(please print)*

First Name

Initial

Employee ID #

ADDRESS

Street *(required if applying for temporary medical)*

Apt. No.

City

State

Zip Code

HOME PHONE () () () () () ()

NON-WORK PHONE () () () () () ()



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-IFTE LOCAL 2001 DUES DEDUCTION APPLICATION

Applicant

Last Name *(please print)*

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 CANCELED BY ME.

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

APPLICANT SIGNATURE X

SPIRIT