

**LOCAL 143**  
**Production and Service Employees International Union**  
**333 Sylvan Ave, Suite 400 Englewood Cliffs, NJ 07632**  
**Tel: 201-227-0025 Fax: 201-227-1186**

**APPLICATION AND CHECK-OFF AUTHORIZATION**

I, the undersigned, hereby apply for membership in the above Local Union and I authorize it to represent me for the purpose of collective bargaining and I further authorize and irrevocably direct my Employer to deduct from my wages initiation fees and monthly dues, to become due to it as the periodic dues and initiation fees uniformly required by said Union as a condition of acquiring or maintaining membership, and in compliance with the Labor Relations Act of 1974. The amount deducted each month shall be forwarded to the Secretary-Treasurer of said Union.

This authorization and direction shall be irrevocable for the period of one (1) year or until the termination of the collective bargaining agreement between my Employer and the said Local Union, whichever occurs sooner, and I agree and direct that this authorization and direction shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each or for the period of each succeeding applicable collective bargaining agreement between my Employer and said local Union, whichever shall be shorter, unless written notice by certified mail is given by me to the Employer not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year of each applicable collective bargaining agreement between my Employer and said Local Union, whichever occurs, sooner.

I also, realize that this form is a notice of my right to be or remain a nonmember of Local 143 and that, as a non-member, I have the right to object to paying and to receive a reduction in dues for union activities not germane to the Union's bargaining agent, provided, however, that I must file my objection with Local 143 within thirty (30) calendar days from the date I signed this form; to be given sufficient information to enable me to intelligently decide whether to object; and to be apprised of any internal union procedures for filing objections.

**FOR OFFICE USE ONLY**

Starting Date: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

Name of Member \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Full Home Address: \_\_\_\_\_ Apt # : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ Class of Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Suite # : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

**ALL REPLIES WILL BE KEPT STRICTLY CONFIDENTIAL**