



Federation of Private Employees

A Division of National Federation of Public and Private Employees (AFL-CIO)

An Affiliate of District 1 – MEBA (AFL-CIO)

Headquarters 1700 NW 66th Avenue, Suite 100-C, Plantation, Florida 33313 Phone: (954) 797-7575
(800) 872-8488

Application for Membership

Employer: _____ Hire Date: _____

I hereby apply for membership in the Federation of Private Employees, a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District 1 – MEBA (AFL-CIO). In so doing, I agree and promise to faithfully obey the Constitution and By-Laws and to conform to all the rules of the Federation, pending my final acceptance as a member.

Further, I attest that I do not believe in, and am not a member of, nor do I support any organization that believes in or teaches the overthrow of the United States government by force or by illegal or unconstitutional methods, I certify that the statements in this application are true.

I further designate the beneficiary identified below for purposes of any and all union sponsored benefits unless otherwise designated on a separate form specific to that benefit.

(Please Print or Type)

Name (print) _____ Home Phone: _____
Last First Middle area code number

Birth date: _____ Soc. Security #: _____ Employee # _____

Job Classification: _____ Marital Status: _____ male female

Address: _____
Street Apt. # City State Zip Code

E-Mail Address _____

Previous Membership: Date Withdrawn: _____

Your Signature: _____ Date Signed: _____

Closest Living Relative: _____ Relationship: _____

Beneficiary: _____ Relationship: _____

Authorization to Deduct

To (My Employer)

Pursuant to this authorization and assignment, please deduct from my pay each month, while I am in employment with the collective bargaining unit in the Company, and irrespective of my membership status in the Union, monthly dues, assessments and (if owing by me) an initiation fee each as designated by the Division Secretary-Treasurer of the Union.

This assignment and authorization shall be effective and cannot be cancelled for a period of one (1) year from the date appearing above or until the termination date of the current collective bargaining agreement between the Company and the Union, whichever occurs sooner.

I hereby voluntarily authorize you to continue the above authorization and assignment in effect after expiration of the shorter of the periods above specified, for further successive periods of one (1) year from such date. I agree that this authorization and assignment shall become effective and cannot be cancelled by me during any of such years, but that I may cancel and revoke by giving the appropriate management representative of the company in which I am then employed, an individual written notice signed by me and which shall be postmarked or received by the Company within fifteen days following the termination date of any collective bargaining agreement between the company and the Union covering my employment if such date shall occur within one of such annual periods. Such notice of revocation shall become effective respecting the dues for the month following the month in which such written notice is given; a copy of such notice will be given by me to the Division Secretary-Treasurer of the Federation.

Department/Location: _____ Name (print): _____

Work and/or Pager #: _____ Name (signature) _____

Soc. Security #: _____ Today's Date: _____

R.T.W...revised 7/11/05

For Office Use Only

Date Approved by DIC: _____ Date Approved by Membership: _____ Representative's Signature: _____