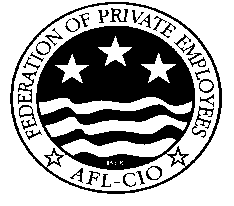
**Federation of Private Employees**



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

An Affiliate of District I - 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, l 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.

Name (print or type) Home Phone: Cell Phone

Last First Middle area code number area code number

Birth date: Soc. Security #: Employee #

Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: □ male □ female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt.# City State Zip Code

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closest Living Relative: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary: Relationship:

E-Mail Address: Please circle your shirt size: S M L XL XXL XXXL

***Authorization to Deduct***

To (My Employer)

I hereby assign to 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), from any wages earned or to be earned by me as your employee, and irrespective of my membership status in the Union, my periodic dues, assessments and (if owing by me) an initiation fee in such amounts as are now or hereafter established by the Federation. I authorize and direct you to deduct such amounts from my pay and remit same to the Union on my behalf.

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 agree and direct that this assignment, 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 the Company and the Union, whichever shall be shorter, unless written notice is given by me to the Company and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or each applicable collective bargaining agreement between the Company and the Union, whichever occurs sooner.

Dues, contributions or gifts to 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) are not deductible as charitable contributions for Federal Income Tax purposes. Dues paid to the Federation of Private Employees a division of the National Federation of Public and Private Employees (AFL-CIO), an affiliate of District I - MEBA (AFL-CIO), however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

Work and/or Pager #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (signature)

Department/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (print):

Soc. Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today's Date:

U. S. revised *3/19/13*

**For Office Use Only**

Date Approved by DIC: \_\_\_\_\_\_\_ Date Approved by Membership: \_\_\_\_\_\_\_ Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_