



Fill out card completely, sign all three sections, scan it, and email the filled-out version of the card to local2110@2110uaw.org

Name_____ HomePhone_____

University ID: N_____

Hm Address_____ Cty_____ St_____ Zip_____

Workplace_____ Job Title_____ Ofc Phone_____

Cell Phone_____ Email_____

Dept Enrolled_____ Dept Employed_____

Year Entered Program_____ Salary_____

Semester/Year Working: __Fall/Yr:____ __Spring/Yr:____ __Summer/Yr:____

I hereby join with my co-workers in organizing to better our wages, our working conditions and our lives. I want Local 2110, U.A.W., to be my representative in collective bargaining for wages, hours and working conditions.

Date_____ Signature_____

☐ **Yes! I want to get involved in building a stronger Union!**

I hereby authorize and direct my employer to deduct from my wages and to pay over to the Union on notice from the Union such amounts including initiation fees and assessments (if any owing by me) as my membership dues in said Union as may be established by the Union and become due to it from me during the effective period of this authorization.

This authorization may be revoked by me as of any anniversary date hereof by written notice signed by me of such revocation, received by my Employer and the Union, by registered mail, return receipt requested, not more than sixty (60) days and not less than fifty (50) days, before any such anniversary date, or on termination date of the collective bargaining agreement covering my employment, by like notice prior to such termination date, whichever occurs the sooner.

Signature_____ Date_____

DO NOT DETACH Return the entire card

Print Name_____

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Signature_____ Date_____

