

Union Card Number _____

Name (Please Print) _____

Social Security Number _____

LOCAL 802, AFM, AFL-CIO

Associated Musicians of Greater New York
322 West 48th Street, New York, N.Y. 10036

Work Dues Check-Off Authorization (U.S.)

In the U.S., members are also asked to sign a work dues check-off authorization, which allows employers to withhold dues from payroll. The member is not required to sign the check-off as a condition of membership. It is a convenience for the local and often for the member. Some members do prefer to pay work dues themselves, in which case you will need to bill them. The following is the text from the application form.

I hereby voluntarily authorize and direct any party who engages my musical services to deduct from my compensation for those services the uniformly required dues or fees based on earnings, including work dues and/or agency or service fees, as set forth in the Bylaws of the American Federation of Musicians of the United States and Canada (Federation Work Dues) and/or the dues or fees based on earnings including work dues and/or agency fees, as set forth in the Constitution and/or Bylaws of the Local Union hereof having jurisdiction over these services (Local Union Work Dues). I further authorize, and direct, each such party who engages my musical services to remit promptly all Work Dues thus deducted to the Federation or the appropriate Local Union thereof in accordance with the applicable regulations, and at the times specified in those regulations. Where the payment of either dues or agency or service fees is lawfully required as a condition of employment, said deductions shall be made irrespective of my membership in the Federation and/or the Local Union thereof. This authorization shall be irrevocable for a period of one (1) year from the date hereof or, with respect to any employer having a collective bargaining agreement, until the termination date of the current collective bargaining agreement, whichever occurs sooner. This authorization shall automatically renew itself and be irrevocable for successive annual periods unless I give written notice to the Federation and those Local Unions of which I am a member within the fifteen (15) day period following the expiration of any such annual period or, with respect to any employer having a collective bargaining agreement, within the fifteen (15) day period following the termination date of any such collective bargaining agreement.

Signature _____ Date _____

Address: _____
(Number and Street)

(City, State and Zip Code)