

United Food & Commercial Workers International Union (UFCW)
Membership Application - UFCW Local 663, Minnesota & Iowa



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|---|---|---------------------|-------------------------------|-----------------------|----------|
| SOCIAL SECURITY NO. | | FIRST NAME | MI | LAST NAME | |
| ADDRESS | | APT/UNIT # | CITY | | STATE |
| CELL PHONE NUMBER* | *By providing my cell phone number, I consent to receiving informational, noncommercial text messages on my cell phone from UFCW, while reserving the right to opt out in the future. | | HOME PHONE NUMBER | | |
| EMAIL ADDRESS | | | DATE OF BIRTH (MM/DD/YY) | | GENDER |
| EMPLOYER NAME | | STORE# | LOCATION | START DATE (MM/DD/YY) | |
| DEPARTMENT | FULL-TIME or PART-TIME | CURRENT HOURLY WAGE | | EMPLOYEE # | LANGUAGE |
| WERE YOU PREVIOUSLY A MEMBER OF UNITED FOOD & COMMERCIAL WORKERS? | | | PREVIOUS AFFILIATED LOCAL NO. | | |

I hereby apply for membership in the United Food and Commercial Workers Union, and authorize my Union to represent me for the purposes of collective bargaining.

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|--|--------------------------|-----------|--------|
| APPLICANT'S SIGNATURE X | DATE SIGNED (MM/DD/YY) | JOB CLASS | STORE# |
| LOCAL UNION EXECUTIVE OFFICER'S SIGNATURE <i>Matt C. Beck</i> | AFFILIATION DATE (MM/YY) | WAGE RATE | B.A. |

This Check-off Authorization and Agreement is separate and apart from the Membership Application and is attached to the Membership Application only for convenience.

CHECK-OFF AUTHORIZATION AND ASSIGNMENT UFCW

I authorize any company I work for who has a contract with my UFCW Local Union to deduct from my wages an amount equivalent to dues, initiation fees and assessments as certified by the Secretary-Treasurer of my Local Union and to pay that amount to my Union.

I make this authorization in consideration for the cost of representation, collective bargaining and other activities my Union undertakes for me. This authorization is not contingent on my continued membership in the Union. This authorization shall be irrevocable for a period of one year from the date of execution thereof or until the termination of the collective bargaining agreement between the company I work for and my Union, whichever occurs sooner, and from year to year thereafter, unless not fewer than thirty days and not more than forty-five days prior to the end of any subsequent yearly period or to the termination of the collective bargaining agreement, respectively, I give the company and my Union written notice (via certified mail, return receipt requested) of revocation bearing my signature thereon. My UFCW Local Union is authorized to deposit this authorization with any company under contract with my Union, including any company under contract with my Union that hires or rehires me in the future. Union dues, amounts equivalent to dues, initiation fees, assessments, contributions or gifts to the UFCW are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses.

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|---|-------------|
| Print Name | Signature X |
| Last 4 digits of Social Security Number | Date |

This Authorization for UFCW Political Check-Off is separate and apart from the Membership Application and is attached to the Membership Application only for convenience.

AUTHORIZATION FOR UFCW POLITICAL CHECK-OFF

I hereby authorize my employer to deduct \$1 per week from my paycheck as a contribution to the UFCW Active Ballot Club Political Action Committee. I understand that any guideline contribution amount is merely a suggestion and that I am free to contribute more or less, and the Union will not favor or disadvantage me by reason of the amount I contribute or my decision not to contribute. I also understand that I have the right to contribute or not to contribute without reprisal. I understand that my contributions will be used for political purposes, including the support of candidates for federal, state and local office, and speaking out on public issues. Contributions to the UFCW Active Ballot Club Political Action Committee are not deductible for federal income tax purposes.

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| Amount other than suggested guideline: \$ | Date |
| Signature X | |
| Print Name | Last 4 digits of Social Security Number |

Federal Law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.