



# APPLICATION FOR MEMBERSHIP IN LOCAL UNION NO. 79

Affiliated with the International Brotherhood of Teamsters

5818 E. Dr. M.L. King, Jr., Blvd.

Tampa, Florida 33619

(813) 621-1391 • FAX (813) 626-7915

Date \_\_\_\_\_

DATE OF APPLICATION

I, the undersigned, hereby apply for admission to membership in the above Local Union and voluntarily choose and designate it as my representative for purposes of collective bargaining, hereby revoking any contrary designation. If admitted to membership, I agree to abide by the Constitution of the International as well as the Local Union Bylaws which are not in conflict with International laws and thereupon accept and assume the following oath of obligation: I pledge my honor to faithfully observe the Constitution and laws of the International Brotherhood of Teamsters. I pledge that I will comply with all the rules and regulations for the government of the International Union and this Local Union. I will faithfully perform all the duties assigned to me to the best of my ability and skill. I will conduct myself at all times in a manner as not to bring reproach upon my Union. I shall take an affirmative part in the business and activities of the Union and accept and discharge my responsibilities during any authorized strike or lockout. I will never discriminate against a fellow worker on account of creed, color or nationality. I will at all times bear true and faithful allegiance to the International Brotherhood of Teamsters and this Local Union.

PRINT \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Street \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Employment date \_\_\_\_\_

Street \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Classification \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Initiation Fee \$ \_\_\_\_\_ Paid to \_\_\_\_\_

Have you ever been a member of a Teamster Local Union; if yes, what Local Union No. \_\_\_\_\_

Printed in U.S.A.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## CHECKOFF AUTHORIZATION AND ASSIGNMENT

I, \_\_\_\_\_, hereby authorize my employer to deduct from my wages each and every month an amount equal to the monthly dues, initiation fees and uniform assessments of Local Union 79, and direct such amounts so deducted to be turned over each month to the Secretary-Treasurer of such Local Union for and on my behalf.

This authorization is voluntary and is not conditioned on my present or future membership in the Union.

This authorization and assignment shall be irrevocable for the term of the applicable contract between the union and the employer or for one year, whichever is the lesser, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is lesser, unless I give written notice to the company and the union at least sixty (60) days, but not more than seventy-five (75) days before any periodic renewal date of this authorization and assignment of my desire to revoke same.

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Union dues are not deductible as charitable contributions for Federal Income Tax purposes.



## DRIVE

### Democrat Republican Independent Voter Education

79

\_\_\_\_\_  
Classification

\_\_\_\_\_  
Local Union #

\_\_\_\_\_  
Date

I subscribe, freely and voluntarily, the sum indicated below each week to DRIVE with the understanding that this voluntary contribution may be used by DRIVE for political purposes, including contributions to support candidates for local, state and federal offices. I understand my right to refuse to contribute without reprisal and that the amounts below serve merely as suggestions. I am free to subscribe more, less, or nothing, without benefit or disadvantage.

I further hereby authorize and request my employer to deduct from my earnings the sum indicated below each week to be remitted to National DRIVE.

I reserve the right in accordance with the applicable state or federal laws to revoke this voluntary authorization at any time by giving written notice of such revocation to National DRIVE in accordance with such laws or otherwise.

Suggested voluntary contribution:

\_\_\_\_\_ \$1.00 \_\_\_\_\_ \$2.00 \_\_\_\_\_ \$3.00 \_\_\_\_\_ Other

A copy of the DRIVE report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C., 20463. Contributions to DRIVE are not deductible as charitable contributions for Federal Income Tax purposes.

\_\_\_\_\_  
Name of Company - Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Dist. No. Payroll Ctr. No.

**Original to Employer  
Copy to National Drive**