



I, _____
Name (print)

ENGINEERS & SCIENTISTS OF CALIFORNIA
LOCAL 20 IFPTE | AFL-CIO/CLC
810 Clay Street | Oakland CA 94607-3908 | www.lfpte20.org

I hereby authorize ESC Local 20 to represent me in collective bargaining and if I have checked regular membership above, I promise to abide by the Constitution and By Laws of the Union.

Address Phone Number home work cell

City State Zip

Employer Location/Facility Date of Hire

Home Email Work Email

Employee ID No. Occupation (Give actual job title)

Employee's Signature Date

RETURN ENTIRE CARD TO UNION



Employee's Name (please print)

CHECK-OFF AUTHORIZATION

To: _____
(Name of Employer)



You are hereby authorized:

To deduct and remit to Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO & CLC each month such sums as the said Union shall from time to time lawfully declare as membership dues for services rendered, or as service fees in lieu of membership dues.

The foregoing authorization shall be irrevocable for a period of one year from the date hereof and shall continue to effect thereafter until I give you and the Union written notice revoking said authorization. Notwithstanding the foregoing, said authorization shall automatically terminate in the event that the agreement between the Company and the Union covering the conditions of employment of the bargaining unit of which I am now a member and under which this authorization is given, is cancelled, or in the event that I am transferred or promoted into a classification which is not covered by said agreement, or in the event that my employment with said company is terminated.

Employee ID No.

Employee's Signature Date