



## UNION MEMBERSHIP & AUTHORIZATION FOR AUTOMATIC DEDUCTIONS

I, the undersigned employee of \_\_\_\_\_  
(Name of company)

\_\_\_\_\_  
(Address) (City) (State)  
(hereinafter referred to as the company"), of my own free will and accord, hereby join this Union and authorize and direct the Company to deduct each month from my earnings:

### 1. UNION DUES

The amount owed by me to the International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Worker, (hereinafter referred to as the "Union") or any of its affiliated Local Unions, or its successor, as and for Union dues or service fees, where applicable, and to transmit such amount to the Union before the end of the month in which such deductions are made.

I authorize the Company to deduct dues in the amount of either (Please check one box):

\_\_\_\_\_ Option A: I designate the Union to be my exclusive representative for collective bargaining purposes with my employer and I elect to be a full Union member. I authorize the Company to deduct \$45 per month from my pay. I understand that by selecting this category of dues, I am entitled to full membership in the Union and have the right to attend Union meetings, vote for Union officers and am entitled to all of the benefits available to full Union members.

Or:

\_\_\_\_\_ Option B: I designate the Union to be my exclusive representative for collective bargaining purposes with my employer and I elect to be a fair-share fee payer. I authorize the Company to deduct dues in the amount of \$10 per month from my pay. I understand that by selecting this category of dues, I am not a full member of the Union and that I do not have the right to attend Union meetings or vote for Union officers. I am entitled to health and welfare benefits provided contributions are paid to the health fund.

### 2. HEALTH CARE

The amount contained in Article 5, Section 1 of the collective bargaining agreement, and any successor collective bargaining agreement, entered into between the Company and the International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Worker, (hereinafter referred to as the "Union") or any of its affiliated Local Unions, or its successor, for health insurance. Such deduction shall be made payable by the Company to The Heartland Trust for CARE in America (hereinafter referred to as the "Trust"), a plan that is compliant with the Affordable Care Act, and to transmit such amount to the Trust before the end of the month in which such deductions are made.

This authorization for union dues and health insurance deductions shall be valid until I revoke the authorization by giving written notice to the Company, by mail, bearing my signature, at any time. I understand that unless payment on my behalf is received by the Trust, I will not be entitled to health care coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date of Birth