(EMPLOYER COPY)

Employer ____________________ 20.__

Department or Clock No.

I, the undersigned, irrespective of my membership status, do hereby authorize and direct my Employer to deduct from my wages the membership dues, including initiation fees, in the amount fixed pursuant to the Constitution and Bylaws of Local 94A-94B, International Union of Operating Engineers, AFL-CIO, and to pay over same to the Union or its designated agent pursuant to the provisions of any current or future collective bargaining agreement. This authorization applies to my current employer, any successor employer, and any other employer in the event I change employers.

This authorization shall remain in effect until revoked by me and shall be irrevocable for a period of one year from the date hereof or until the termination date of any applicable collective bargaining agreement, whichever occurs sooner; unless I revoke it by sending written notices to my Employer and the Local Union by registered mail, only during a period of not more than fifteen (15) days immediately prior to the termination date of any applicable collective bargaining agreement or yearly period, it shall be automatically renewed as an irrevocable check-off from year to year, until duly revoked as herein provided.

X ____________________
Witness Signature

Address ____________________ (Building Location)

(UNION COPY)

Employer ____________________ 20.__

Department or Clock No.

I, the undersigned, irrespective of my membership status, do hereby authorize and direct my Employer to deduct from my wages the membership dues, including initiation fees, in the amount fixed pursuant to the Constitution and Bylaws of Local 94A-94B, International Union of Operating Engineers, AFL-CIO, and to pay over same to the Union or its designated agent pursuant to the provisions of any current or future collective bargaining agreement. This authorization applies to my current employer, any successor employer, and any other employer in the event I change employers.

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X ____________________
Witness Signature

Address ____________________ (Building Location)