(EMPLOYER COPY)

I, the undersigned, irrespective of my membership status, do hereby authorize and direct my Employer to deduct from my wages the membership dues in the amount fixed pursuant to the Constitution and Bylaws of Local 94-94A-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 employer under contract with Local 94-94A-94B.

I authorize Local 94 Union to provide this authorization to my current employer, any successor employer, and any employer under contract with Local 94-94A-94B by whom I become employed.

This authorization 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 fifteen (15) days immediately prior to the termination date of any applicable collective bargaining agreement or the end of any yearly period, it shall be automatically renewed as an irrevocable check-off from year to year until duly revoked as herein provided.

_____ X _____

Print Name Signature

_____

Date

_____

Social Security # and/or Union Register #

(UNION COPY)

I, the undersigned, irrespective of my membership status, do hereby authorize and direct my Employer to deduct from my wages the membership dues in the amount fixed pursuant to the Constitution and Bylaws of Local 94-94A-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 employer under contract with Local 94-94A-94B.

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_____ X _____

Print Name Signature

_____

Date

_____

Social Security # and/or Union Register #