



MEMBERSHIP APPLICATION

PLEASE PRINT

Name

Address

City

State/Province

Zip/Postal Code

UFCW Local Union No.

Region No.

Position

Employer (if Rank and File)

Email Address

Cell Phone

Work Home Phone

ANNUAL PAYMENT MEMBERSHIP

- UFCW Rank and File Member..... \$15 for one year
- UFCW International, Region, Council and Local Staff..... \$50 for one year
- UFCW Retired Staff \$25 for one year
- Associate Member (not affiliated with the UFCW)..... \$10 for one year

DUES CHECK-OFF AUTHORIZATION (UFCW International, Regions, Councils and Local Staff ONLY)

I hereby authorize (check one) the UFCW International Union or (if my Local participates) UFCW Local Union No. _____ to deduct from my wages, commencing with the next payroll period, the amount as indicated above, which is to be transmitted to UFCW OUTreach. This authorization shall continue in effect from year to year thereafter or until such time as this authorization is revoked by me in writing.

- UFCW International, Region, Council and Local Staff..... \$50 for one year
- Check pay frequency: \$.97 weekly \$1.93 bi-weekly \$4.17 monthly

Signature

Date

Please check here if you would like to participate in the dues check-off program should it become available at your local.

Mail this form and check (if choosing Annual Payment) made out to "UFCW OUTreach" to:
 UFCW OUTreach, c/o Lori Richards, Treasurer, 1775 K Street, NW, Washington, DC 20006-1598

Contributions or gifts to UFCW OUTreach are not deductible as charitable contributions for federal tax purposes.