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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
CURRENT ANNUAL PAYMENT MEMBERSHIP UFCW Rank and File Member\$15 for one year UFCW International, Region, Council and Local Staff\$30 for one year UFCW Retired Staff\$25 for one year Associate Member (not affiliated with the UFCW)\$10 for one year SUES 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, the amount determined by the OUTreach Executive Board, 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	
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, Kimberly Frost, OUTreach Treasurer, c/o UFCW Local 1102, RWDSU District Council, 311 Crossways Park Drive, Woodbury, NY 11797