

LIUNA—the Laborers' International Union of North America—is a union, a half-million strong, united through collective bargaining agreements that help us earn family-supporting pay, good benefits and the opportunity for advancement and better lives.

From pay to training to retirement, LIUNA members live better. Enter your information to join LIUNA.

Find out more about membership at www.LIUNA.org

LIUNA!
Feel the Power

I recognize the need for a strong union in my workplace and understand my payments will contribute to the costs associated with collective bargaining and representation.

LIUNA!
Feel the Power

TERRY O'SULLIVAN
General President

ARMAND E. SABITONI
General Secretary-Treasurer

HEADQUARTERS
905 16th St., N.W.,
Washington, D.C. 20006

www.LIUNA.org

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in Local Union No. _____ of the Laborers' International Union of North America, and agree to abide by all the provisions of the Constitutions of the Local and the International Union.

By providing your email and phone, you confirm your consent to receive messages from LIUNA & its affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political, and legislative matters. You can opt-out at any time.

TERRY O'SULLIVAN
General President

ARMAND E. SABITONI
General Secretary-Treasurer

HEADQUARTERS
905 16th St., N.W., Washington, D.C. 20006

DATE _____

PRINT YOUR NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE (AREA CODE & NO.) _____

CELL PHONE (AREA CODE & NO.) _____

EMAIL ADDRESS _____

DATE OF BIRTH (MONTH, DAY, YEAR) _____

SOCIAL SECURITY NUMBER _____

SIGNATURE (DO NOT PRINT) _____

DUES CHECKOFF AUTHORIZATION AND ASSIGNMENT: PUBLIC SECTOR, STATE & LOCAL

Local Union No. _____, affiliated with the LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

Name of Employer _____

I, _____, (**print name**) do hereby assign to Local Union No. _____, Laborers' International Union of North America, such amounts from my wages as shall be required to pay an amount equivalent to the initiation fees, readmission fees, membership dues, and related assessments, as the Union may establish from time to time.

My Employer is hereby authorized to deduct such amounts from my wages and pay the same to the Local Union and/or its authorized representative.

To the extent permitted by law, this authorization shall become effective upon its execution.

This authorization shall be irrevocable for a period of one (1) year, or until termination of the Collective Bargaining Agreement in existence between my Employer and Union, whichever occurs sooner. I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and Union, whichever shall be shorter, unless written notice is given by me to my Employer and Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each one (1) year period, or of each Collective Bargaining Agreement between my Employer and Union, whichever occurs sooner. This check-off authorization shall continue irrespective of my membership in the Union or any union-security clause or obligation contained in the Collective Bargaining Agreement.

Union dues are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code. Union dues may qualify as business expenses, job-related expenses, or other "unreimbursed employee expenses" to the extent permitted by the Internal Revenue Service.

This assignment has been executed this _____ day of _____, 20____.

Signature _____

Telephone No. _____

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