



# APPLICATION FOR MEMBERSHIP

## AFL-CIO OPEIU LOCAL 108

I hereby make application for admission to membership in Office & Professional Employee International Union, OPEIU Local 108, affiliated with the American Federation of Labor and Congress of Industrial Organizations.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email, Non-PHI: \_\_\_\_\_

Business unit:  Oil and Gas  AirMedical

Schedule: \_\_\_\_\_ Base: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to the Local 108 President: [108President@gmail.com](mailto:108President@gmail.com).

# PAYROLL DEDUCTION AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize and direct my employer, PHI, Inc., to deduct from my wages for remittance to the Secretary-Treasurer of the Office and Professional Employee International Union, Local 108, periodic dues, initiation fees or agency fee uniformly levied in accordance with the Constitution and Bylaws of the union. I further authorize and direct my employer to deduct from my wages for remittance, as set forth above, the total or balance of unpaid dues, initiation fees or agency fees due and owing the union at the time my employment with the above-named employer ends.

I agree that this authorization shall be irrevocable for the term of the Agreement between the union and the company, or for the period of (1) year from the date the Authorization is first executed, whichever occurs sooner. Revocation shall become effective when the pilot serves written notice on the Payroll Department to revoke such Authorization for payroll deduction.

An Authorization for Payroll Deduction shall automatically be revoked if:

- A. the Pilot transfers to a position with the Employer not covered by the agreement;
- B. the Pilot's service with the employer is terminated;
- C. the Pilot is furloughed; or
- D. the Pilot is on an authorized leave of absence.

Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Employee Number: \_\_\_\_\_