



APPLICATION FOR MEMBERSHIP

OPEIU AFL-CIO LOCAL 108

REV 1-22-2021

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: _____

Current Dues per pay period as of 2020

\$16-VFR Captains/AMG SICs

\$20-SPIFR PIC/O&G SIC

\$25-AMG S-76 & King Air PIC/O&G Med PIC

\$30-AMG Jet PIC/O&G Hvy PIC

Date: _____

Email completed form to the Local 108 President: 108President@gmail.com

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

PAYROLL DEDUCTION AUTHORIZATION

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.

Signed: _____ Witness: _____

Date: _____ Employee Number: _____

Referred by, If applicable:
