

Seafarers International Union, Atlantic, Gulf, Lakes and Inland Waters, AFL-CIO
5201 Auth Way ■ Camp Springs, MD 20746 ■ (301) 899-0675 ■ www.seafarers.org

Please Print Clearly

Check-off Authorization - Inland

CODE 1C - FOR OFFICE USE ONLY

Port: _____ **Book No.:** _____

Rating: _____

Currently Sailing As: _____

Company Code: _____

Name: _____ **Address:** _____

Social Security No.: _____ **Birth Date:** _____

Marital Status: Single Married Divorced Widow(er) **Cell No.:** _____ **Home No.:** _____

Company: _____ **Hire Date:** _____

I hereby assign to the Seafarers International Union of North American, AGLIW and direct my Employer to deduct from my wages earned or to be earned by me during this and each month thereafter, including payments for or made during time-off periods, if any, regular monthly membership dues or agency fees. Such dues or agency fees are to be deducted from the first pay period of each month. This authorization is made by me and shall continue under its terms irrespective of my membership status in the Union.

In the alternative, I hereby assign to the Union, and direct my Employer to deduct from my wages as stated above, agency fees. The agency fee amount varies from year to year, and is published annually in the Seafarers LOG, but is generally between 80% and 85% of the dues amount. I signify my choice of this option by initialing here ____.

This assignment and authorization shall be irrevocable for a period of one (1) year from the date hereof, or until the termination date of the current collective bargaining agreement between the Union and the Employer, whichever is the shorter period, and shall be automatically irrevocably renewed for like periods unless, within the thirty (30) day period beginning fifteen (15) days before and ending fifteen (15) days following the end of any renewal period, I submit a written revocation signed by myself and sent by registered mail, return receipt requested, to the Union's Secretary-Treasurer. I further understand that this authorization is effective unless properly revoked, irrespective of my membership status.

Unless indicated by my initials above, if any initiation fees are due and owing to the union, I further authorize you to deduct from my first pay period twenty-five (\$25.00) dollars of the Union's initiation fees, and a like amount in each and every following pay period until such time that the full initiation fee is paid. If I am paid on a monthly basis, in no event shall the amount deducted be less than fifty (\$50.00) dollars per month.

All monies deducted from my earnings, as provided above, shall be held by my employer, in trust, and be remitted monthly within ten (10) days after the end of each month.

This authorization shall be effective on the date of its signing by me.

Signature: _____ **Date Signed:** _____

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