

Oct-27-14 11:47A

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CHECK-OFF ASSIGNMENT AND AUTHORIZATION

Subject to any limitations imposed by state law under § 14(b) of the Federal Labor-Management Relations Act, I hereby assign to Local _____, International Longshoremen's Association, AFL-CIO and the International Longshoremen's Association, AFL-CIO, and authorize and direct the South Atlantic ILA/Employers Vacation and Holiday Fund to deduct from all gross wages and earnings received by me by reason of my employment under a collective bargaining agreement with the ILA and/or the South Atlantic & Gulf Coast District and/or Local _____, the total sum of _____ percent (____%) of my straight time hourly rate for each hour paid to me to be paid directly to Local _____ and the total sum of nine-tenths of one percent (9/10 of 1%) of my straight time hourly rate for each hour paid to me to be paid directly to the ILA.

This assignment and authorization shall be irrevocable for one (1) year from the effective date hereof or until expiration of the present agreement between the employers and Local _____, whichever is sooner, at which time it may be revoked by written notice given by me to Local _____ and to the South Atlantic ILA/Employers Vacation and Holiday Fund at any time during a period of ten (10) days prior to the expiration of the one (1) year period or the present agreement, whichever is sooner. If no such notice is given, this authorization shall be irrevocable for successive periods of one (1) year thereafter, with the same privilege of revocation at the end of each such period.

This assignment and authorization is effective as of _____.

Print Name (Last, First, Initial)

Social Security No.

Sign Here

Date

CHECK-OFF ASSIGNMENT AND AUTHORIZATION

Subject to the limitations, if any, imposed by the State laws under § 14(b) of the Federal Labor-Management Relations Act, I hereby assign to the International Longshoremen's Association, AFL-CIO, Committee on Political Education and authorize and direct the South Atlantic ILA/Employers Vacation and Holiday Fund to deduct from all gross wages and earnings received by me by reason of my employment under a collective bargaining agreement with the ILA and/or and of its local unions and/or the South Atlantic & Gulf Coast District, the total sum of one-tenth of one percent (1/10 of 1%) of my straight time hourly rate for each hour paid to me or the total sum of _____ *. Such sum is to be paid directly to the ILA COPE.

This authorization is voluntarily made based on my specific understanding that:

The signing of this authorization card and the making of these voluntary contributions are not conditions of membership in the union or of employment by my employer(s);

The guideline amount indicated above is only a suggestion; and that I may contribute more or less and will not be favored or disadvantaged by the union for doing so;

That I may refuse to contribute without reprisal;

And that the ILA COPE which is connected with the International Longshoremen's Association, AFL-CIO, and AFL-CIO COPE use the money they receive for political purposes (including but not limited to making contributions to and expenditures for candidates for federal, state and local offices and addressing political issues of public importance).

This authorization shall remain in full force and effect until revoked in writing by me.

This assignment and authorization is effective as of _____.

Print Name (Last, First, Initial)

Social Security No.

Sign Here

Date

* FILL IN THE AMOUNT OTHER THAN SUGGESTED GUIDELINE ABOVE