

COMMITTED
TO EACH OTHER



OUR DOC
TRACT



TEAMSTERS LOCAL 117

www.teamsters117.org



By standing together we make our union strong, raise standards in our workplaces and support our communities.



COMMITTED TO EACH OTHER

FAMILY. STRENGTH. COMMUNITY.

First Name

Last Name

Cell Phone

Personal Email Address

Last four of SSN

Employer

Location

I want to receive notifications from Teamsters Local 117 by phone, text, and email about issues involving my union.

✓ YES! As a member of Teamsters Local Union No. 117, I stand together with my co-workers to win fair wages, benefits, and working conditions!

I recognize the need for a strong union. Together we can improve our jobs and our lives. Therefore, in exchange for the union's commitment to fight vigorously for myself, my co-workers, our families, and our communities, and for obtaining special benefits through access to the Membership Benefit Plus program, I voluntarily authorize my employer to deduct from my wages an amount equal to regular monthly dues, and other fees or assessments as shall be certified by Local 117 under its constitution and bylaws and to remit those amounts to Local 117. This authorization is irrevocable for a period of one year from the date of execution and from year to year thereafter, regardless of my membership status, unless not less than thirty (30) and not more than forty-five (45) days prior to the annual anniversary date of this authorization or the termination of the contract between my employer and the Union, whichever occurs first, I provide written notice to both the Union and my employer, with my valid signature, of my desire to revoke this authorization.

My signature below strengthens our Union to win family wages and benefits!

Applicant's Signature

Date Signed

