

**Cement Masons Local 803
of the O.P. and C.M.I.A.**

240 West St. Charles Road, Villa Park, IL 60181
Phone 630/941-9458 FAX 630/833-3508

CHECK OFF AUTHORIZATION AND STATEMENT

Name: _____ Date of Birth: _____
Address: _____
City: _____ ZipCode: _____

I, the undersigned member of Cement Masons Local 803, hereby authorize my employers to deduct from my wages each and every payroll period my dues check-off in accordance with its Constitution and By-law and the collective bargaining agreement between my employers and said Union, and remit same to the Secretary-Treasurer of the Union, or a duly authorized representative of the Union.

This authorization and assignment shall be irrevocable for a period of one year or until the termination of the applicable collective bargaining agreement, whichever occurs first, and shall thereafter be automatically renewed for successive periods of one year or until the termination of the applicable collective bargaining agreement, whichever occurs first, unless written notice is given by me to my Employer and the Union at least 45 days but no longer than 60 days prior to the expiration of each one year period or of the applicable collective bargaining agreement, whichever occurs first.

This authorization and assignment is made pursuant to Section 302 of the National Labor Relations Act, as amended, and is in full force and effect to the extent permitted by the Act.

Signed: _____ Date: _____
Social Security Number: _____
Phone Number: _____