

↑ PLEASE SEAL WITH TAPE ↑

“Through
Unity
There is
Strength”

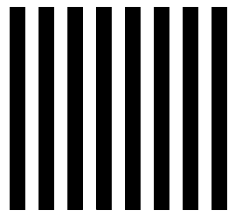
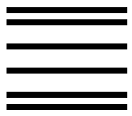


*UNITED FEDERATION
OF SPECIAL POLICE
AND SECURITY
OFFICERS, INC.*

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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 191 BRIARCLIFF MANOR, NY
POSTAGE WILL BE PAID BY ADDRESSEE

FEDERATION OF SPECIAL POLICE
& SECURITY OFFICERS, INC.
540 NORTH STATE RD
BRIARCLIFF MANOR, NY 10510-9932



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

APPLICATION FOR MEMBERSHIP

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

EMAIL _____

EMPLOYED BY _____

DATE _____

I hereby authorize THE UNITED FEDERATION OF SPECIAL POLICE & SECURITY OFFICERS, INC. (UFSPSO) to represent me and, in my behalf, to negotiate and conclude all agreements as to hours of labor, wages, and other employment conditions.

**All information will be held
strictly confidential**

Signature of Applicant

UFSPSO

540 NORTH STATE ROAD

BRIARCLIFF MANOR, NY 10510

AUTHORIZATION FOR CHECK-OFF OF DUES

Employer

I hereby assign to the United Federation of Special Police and Security Officers, Inc 540 North State Road, Briarcliff Manor, NY 10510, hereinafter referred to as the Union, from any wages earned by me as your employee (In my present or in any future employment by you) such sums as the Secretary Treasurer of said Union may certify as due and owing from me as dues. Including an initiation or reinstatement fee and dues in such sum as may be established from time to time by said Union in accordance with the Constitution and By-Laws of the United Federation of Special Police and Security Officers, Inc. I authorize and direct you to deduct such amounts from my wage irrespective of my membership in the Union, and to remit same to the Union at such time and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect. In no case shall the deduction be remitted to the Union later than fifteen (15) days after the certified amount has been deducted.

This assignment, authorization and direction shall be irrevocable for the period of one (1) year from the date of delivery hereof to you, or until the termination of the collective agreement between the Employer and the Union which is in force at the time of delivery of this authorization, whichever occurs sooner; and I agree and direct that this assignment authorization and direction shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each or for the period of such succeeding applicable collective agreement between the Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each applicable collective agreement between the Employer and the Union whichever occurs sooner.

This authorization is made pursuant to the provisions of Section 302 (c) of the Labor Management Relations Act of 1947.

_____/_____/_____
Date of Hire

Employee SSN

Print Name of Employee

Signature of Employee

Date