



WORK DUES “CHECK-OFF” AUTHORIZATION FORM

Please sign this in person and hand it to Local 802 OR print the form below on your home printer, then sign it, date it, scan it (or take a photo of it on your phone), and e-mail it to the Local 802 staff member who is requesting it from you.

I hereby voluntarily authorize and direct any employer who engages my musical services to deduct from my compensation for those services the uniformly required dues or fees based on earnings, including work dues and/or agency or service fees, as set forth in the Bylaws of the American Federation of Musicians of the United States and Canada (Federation Work Dues) and/or the dues or fees based on earnings including work dues and/or agency fees, as set forth in the Constitution and/or Bylaws of the Local Union hereof having jurisdiction over these services (Local Union Work Dues). I further authorize, and direct, each such employer who engages my musical services to remit promptly all Work Dues thus deducted to the Federation or the appropriate Local Union thereof in accordance with the applicable regulations, and at the times specified in those regulations. Where the payment of either dues or agency or service fees is lawfully required as a condition of employment, said deductions shall be made irrespective of my membership in the Federation and/or the Local Union thereof. This authorization shall be irrevocable for a period of one (1) year from the date hereof or, with respect to any employer having a collective bargaining agreement, until the termination date of the current collective bargaining agreement, whichever occurs sooner. This authorization shall automatically renew itself and be irrevocable for successive annual periods unless I give written notice to the Federation and those Local Unions of which I am a member within the fifteen (15) day period following the expiration of any such annual period or, with respect to any employer having a collective bargaining agreement, within the fifteen (15) day period following the termination date of any such collective bargaining agreement.

SIGNATURE:

PRINTED NAME:

DATE: