

UNITED LATINOS OF U.F.C.W.
Official Membership Application Form (Please Type or Print Clearly)

RETURN APPLICATION AND DUES MONIES TO: United Latinos
c/o Johnny Rodriguez
11041 Garland Rd
Dallas, TX 75218

PLEASE CHECK ONE

NEW MEMBER: _____ (Affiliation Date _____)
 RENEWAL: _____

I, _____ an (Active _____ or Retired _____) member in good standing of:
 International Union _____ Region # _____ Local Union # _____

Union Position (If Applicable): _____

United Latinos Officer or Board Member Position (If Applicable): _____

OR (Local # & President's Name for Local Union Annual Sponsorship): Local _____ President _____

Hereby apply for or renew membership, as indicated above, in the United Latinos of the UFCW. I pledge to abide by the Constitution of the United Latinos of the UFCW, and to cooperate with the National Officer of the United Latinos in implementing the goals and objectives of this organization. I hereby authorize UFCW Local Union No. _____ or UFCW International Union to deduct from my wages, commencing with the next payroll period, the amount as indicated herein. I further request that the International Union and/or UFCW Local No. _____ remit said monies to the United Latinos of the UFCW. This authorization shall continue in effect from year to year thereafter or until such time as this authorization is revoked by me in writing. Deductions for all future years will be withheld the first pay period in January. *Dues paid under this voluntary check-off are not deductible as charitable contributions for federal tax purposes.*

Preferred Mailing Address (Home _____ Work _____): _____ City/State/Zip: _____

Home Telephone # and Area Code: _____ Work Telephone # and Area Code: _____

Fax # & Area Code: _____ Email Address: _____ Congressional District: _____

Members Signature: _____ Date: _____

ANNUAL DUES ARE AS FOLLOWS BELOW:

(Please check amount enclosed)

_____ \$30.00 per year for Full-time Representatives/Organizers and Executive Officers.

_____ \$10.00 per year for Rank and File and Associate Members.

_____ \$ _____ Other amount for Supporting Member and/or Supporting Friend.

(Fill in Amount)

ANNUAL LOCAL UNION SPONSORSHIP:

(Please check amount enclosed)

_____ \$ 250 (1 to 1,000 Members)

_____ \$ 500 (1,001 to 5,000 Members)

_____ \$1,000 (5,001 to 10,000 Members)

_____ \$1,500 (10,001 to 20,000 Members)

_____ \$2,500 (Over 20,000 Members)