

Laborers Local Union 515
1004 Edgewood Avenue N.E., Atlanta, Georgia 30307
Telephone 404-522-5872 Fax 404-522-3818

AUTHORIZATION FOR CHECKOFF DEDUCTIONS

I hereby authorize and direct my Employer for whom I am currently employed on this date and all other Employers for whom I may become employed after this date at all present and future job sites within the jurisdiction of the Southeast Laborers' District Council to deduct from my wages and pay same to the Local Union or its designee in the form or manner as specified by the Union the monthly dues, administrative dues, organizing dues, Laborers' Political League Education Fund, initiation fees, readmission fees and any other lawful fees and assessments as established by the Southeast Laborers' District Council in accordance with the provisions of its Constitution and By-laws.

This authorization is irrevocable for a period of one year, until suspended by a later signed authorization, or until the termination of the collective bargaining agreement with my Employer, whichever occurs sooner, and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of any such agreement with my Employer, whichever is shorter, unless I give written notice to my Employer and the Local Union not more than twenty days and not less than ten days prior to the expiration of each period of one year, or of each applicable collective bargaining agreement with my Employer, whichever occurs sooner. Furthermore, this checkoff authorization shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union. I hereby authorize the Local Union to notify my employer of any increases or decreases in the above deductions and to begin said increase or decrease in said deductions upon the effective date specified by the Local Union.

Date _____ Signature _____

**CHECKOFF AUTHORIZATION FOR PAYROLL DEDUCTION FOR LiUNA PAC
AND LOCAL 515 PAC**

I voluntarily authorize each and every Employer for which I perform Laborers' work to deduct the amount of \$ 0.10 per hour for each hour worked, of which fifty percent (50%) shall be a contribution to Laborers' International Union of North America PAC ("LiUNA PAC") and fifty percent (50%) to be a contribution to the Local 515 PAC. Contributions shall be remitted to the collecting agents(s) of LiUNA PAC and Local 515 PAC as designated by the Union. I understand that my contributions to LiUNA PAC and Local 515 PAC will be used for political purposes. I further understand that I have the right to refuse to contribute to LiUNA PAC and the Local 515 PAC without reprisal.

Print Name

Phone Number

Address

Signature

Date

Contributions to LiUNA PAC are not tax deductible. Federal Law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions to LiUNA PAC exceed \$200 in a calendar year.

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MEMBERSHIP APPLICATION AND AUTHORIZATION FOR REPRESENTATION

(If not yet a member) I do hereby apply for membership in Local Union No. 515, affiliated with the Laborers' International Union of North America and agree to abide by all the provisions of the Constitution and By-Laws of said Local Union, District Council and the International Union.

I desire to be represented by the Southeast Laborers' District Council and any of its affiliated local unions for the purpose of collective bargaining in all matters pertaining to wages, hours and other terms and conditions of employment. This authorization shall apply to representation to the Employer for whom I am currently employed on this date and all other Employers for whom I may become employed after this date at all present and future job sites within the jurisdiction of the Southeast Laborers' District Council. This authorization is non-expiring, binding and valid until such time as I revoke it by giving written notice to the Union.

Date _____ Signature _____ Print Name _____

Social Security No. _____ Date of Birth _____

Home Telephone _____ Cell _____ Email _____

Address _____
No. Street City State Zip

LABORERS' CODE OF PERFORMANCE

ACKNOWLEDGEMENT FORM

The goal of the Code of Performance is to ensure that our membership meets the highest standards in our industries. Our aim is to deliver craftsmanship that exceeds the expectations of our contractors and their customers. We want to create and maintain a work force that makes contractors want to be Union and owners want to build Union

Meeting these goals requires that members understand and incorporate these values in their day-to-day performance. Accordingly, as a member of the Laborers' International Union of North America I agree to:

- Acquire the necessary skills through apprenticeship and/or training programs.
- Report promptly upon referral to a job and show up for work on time, ready, willing and able to work.
- Be aware of and follow the Local Union's job referral rules.
- Avoid excessive absenteeism and excessive tardiness.
- Follow directions from supervisors.
- Do not be insubordinate.
- Give a fair day's work.
- Treat the Employer's and the customer's tools and property and those of fellow workers with respect.
- Avoid disruptions on the job by using the established procedures to resolve disputes.
- Understand and use safe practices and safety equipment.

I acknowledge this responsibility and pledge my word to do the same and acknowledge that I have received, read and understand the Laborers' Code of Performance.

Signature

Social Security Number /
Membership Number

Date

Print Name