



Teamsters Local Union n. 769

APPLICATION FOR MEMBERSHIP

Affiliated with the International Brotherhood of Teamsters,
Chauffeurs, Warehousemen and Helpers of America

Date: _____
Date of Application

I, the undersigned, hereby apply for admission to membership in the above Local Union and voluntarily choose and designate it as my representative for purposes of collective bargaining, hereby revoking any contrary designation. If admitted to membership, I agree to abide by the Constitution of the International as well as the Local Union By-laws which are not in conflict with International laws and thereupon accept and assume the following oath of obligation: I pledge my honor to faithfully observe the Constitution and law of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America. I pledge that I will comply with all the rules and regulations for the government of the International Union and its Local Union. I will faithfully perform all the duties assigned to me to the best of my ability and skill. I will conduct myself at all times in a manner as not to bring reproach upon my Union. I shall take an affirmative part in the business and activities of the Union and accept and discharge my responsibilities during any unauthorized strike or lockout. I will never discriminate against a fellow worker on account of creed, color or nationality. I will at all times bear true and faithful allegiance to the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America and this Local Union.

PRINT _____ Job Classification _____
(Last Name) (First Name) (Middle Initial)

Street _____ Phone _____

City _____ State _____ Zip Code _____

Employer _____ Employment Date _____

Street _____ Phone _____

City _____ State _____ Zip Code _____

Rate of Pay \$ _____ Registered Voter Yes ___ No ___ Precinct _____

Date of Birth _____ Social Security No. _____ - _____ -

Have you ever been a member of a Teamsters Local Union? _____

If yes, What Local Union No.? _____

Signature of Applicant

CHECK-OFF AUTHORIZATION AND ASSIGNMENT

PRINT NAME _____ DATE of BIRTH _____

ADDRESS _____ CITY _____

WHERE EMPLOYED _____ DATE EMPLOYED _____

TELEPHONE _____

I, the undersigned member of Local 769, of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America hereby authorize my employer to deduct from my wages and to pay to Local No. 769 and/or its authorized representative, initiation fees and membership dues, including uniform assessments in such amounts as may be established by such Local Union from time to time and in accordance with the agreement between such Local Union and my employer.

Signed _____

Social Security No. _____ Date _____