



**TEAMSTERS LOCAL UNION NO. 769**  
 12365 West Dixie Highway • North Miami, FL 33161

I hereby designate and authorize TEAMSTERS LOCAL UNION NO. 769 to act as my representative for the purpose of collective bargaining in respect to rates of pay, wages, hours of employment and other conditions of employment.

I, the undersigned member of or applicant for membership in TEAMSTERS LOCAL UNION NO. 769, hereby authorize my Employer, \_\_\_\_\_ to deduct from my wages each and every month my Union dues, consisting of initiation fees and monthly dues, owing to such Local Union as a result of membership therein, and direct that such amounts so deducted be sent to the Secretary-Treasurer or any other authorized officer or agent of such Local Union for and on my behalf.

I agree and direct that this assignment, authorization and direction shall be automatically renewed for the periods of each succeeding applicable collective agreement between the Employer and the Union, unless written notice is given by me to the Employer and the Union thirty (30) days prior to my desired date of revocation of this authorization.

SIGNED: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DEPT.: \_\_\_\_\_ DATE: \_\_\_\_\_



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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PRINT

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REGISTERED VOTER:  YES  NO PRECINCT: \_\_\_\_\_

PARTY:  DEM.  REP.  OTHER: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ JOB CLASSIFICATION: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_

WITNESS: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DEPT.: \_\_\_\_\_ DATE: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell No.: \_\_\_\_\_

