

Authorization
PAC

I hereby authorize and direct the employers, who are covered by collective bargaining agreements with Rhode Island Carpenters Local Union 94, and by whom I may be employed during the term of such agreements or any renewal, to deduct from my pay the sums indicated below. I understand that making these voluntary contributions are not conditions of membership in the union or of employment by my employer; that the amounts set forth below in each item are suggestions; that I have the right to refuse to contribute without reprisal; that I may contribute in greater or lesser amounts than recommended by writing different amounts in the space provided next to the recommended amount; and that the union will not favor or disadvantage me if I refuse to contribute or because of the amount of my contribution. If I do not indicate different amounts, I hereby authorize deduction of the recommended amounts. This authorization shall remain in effect until it is revoked by me in writing.

 \$.02 for each hour worked and transmit that amount in the manner adopted by Local Union 94 to the Rhode Island Carpenters Political Action Committee, and

 \$.02 for each hour worked and to transfer that amount in the manner adopted by Local Union 94 to the New England Regional Council of Carpenters Political Action Committee. I understand the Political Action Committees will use these funds to make political contributions and expenditures for state and local elections pursuant to applicable state law.

 \$.01 for each hour worked and transmit that amount in the manner adopted by Local 94 to the New England Regional Council of Carpenters Legislative Improvement Committee to make political contributions and expenditures for federal elections pursuant to applicable federal law.

Contributions or gifts to the political action committees set forth above are not deductible as charitable contributions for federal income tax purposes. **Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of the employers of individuals whose contributions to a federal political action committee exceed \$200 in a calendar year**

SCHOLARSHIP

I authorize the employers who are covered by collective bargaining agreements with Rhode Island Carpenters Local Union 94, and by whom I may be employed during the term of such agreements or any renewal, to deduct from my pay the sum of \$.05 for each hour worked and to transmit that sum in the manner adopted by Local Union 94 to be used for the scholarship fund. This authorization will remain valid until revoked by me in writing to Local Union 94 and the employer.

DUES CHECK-OFF

I hereby authorize my employer to deduct from my wages each week for each hour worked an amount presently or hereafter duly established by the New England Regional Council of Carpenters (the "Union") as its regular working dues assessment, which amounts I hereby assign to the Union, for transmittal to the Union (or its collection agent) together with a form designated by the Union (or its agent) concerning my hours of work. This authorization shall be effective immediately and shall be irrevocable for a period of one year from the execution of this authorization or until the termination of the applicable collective bargaining agreement, whichever occurs sooner. This authorization shall continue in full force and effect for yearly periods after the initial one-year period and each subsequent yearly period similarly shall be irrevocable unless revoked within 15 days immediately preceding either the commencement of the new yearly period or the termination of the applicable collective bargaining agreement, whichever occurs sooner. Any revocation of this authorization must be in writing, bear the date and my signature, and be delivered within the 15 day period specified above both to the Union and to the employer with whom I am employed at the time.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ UBC#: _____

YOUR HOME LOCAL: _____

SIGNATURE: _____