

OPEIU Local 109

01/11/2024 IR

Application for Membership

I hereby make application for admission to membership in Office & Professional Employees International Union and its Local 109 and authorize such organization to be my exclusive collective bargaining representative.

Personal Information							
Name					SSN		
Address					City		
State					Zip (Code	
Phone					Date of Birth		
Personal Email							
Company Information							
Company	Air Methods		Occupation			Pilot	R/W or F/W
Date of Hire			Employee N	um	ber		
Pilot Class			Base				
Signature of Applicant				Date			
Payroll Deduction Authorization							
"I, do hereby authorize and direct my employer, Air Methods, to deduct from my wages for remittance to the Secretary-Treasurer of the Office and Professional Employees International Union, Local 109, periodic dues, assessments and/or initiation fee or agency fee uniformly levied in accordance with the Constitution and Bylaws of OPEIU Local 109. I further authorize and direct my employer to deduct from my wages for remittance, as set forth above, the total or balance of unpaid dues, assessments and/or initiation fee or agency fee due and owing the union at the time my employment with Air Methods ends. I agree that this authorization shall be irrevocable for the term of the Collective Bargaining Agreement, or for the period of (1) year from the date this authorization is first executed, whichever occurs sooner. Revocation shall be effective when I serve written notice on the Air Methods Corporation payroll department to revoke this authorization for payroll deduction. My authorization for payroll deduction shall automatically be revoked if: A. I transfer to a position with the Company not covered by the Agreement; B. My service with the Company is terminated; C. I am furloughed. Signature of Applicant Date							
Please email to: opeiulocal109@gmail.com Confirmation of receipt will be sent to your personal email.							



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Application for Membership Payroll Deduction Authorization Form Instructions

New applicants for membership in OPEIU Local 109 must provide the information in both the APPLICATION FOR MEMBERSHIP section (upper) and the PAYROLL DEDUCTION AUTHORIZATION section (lower) including signatures in both sections.

Pilots desiring to only authorize Agency Fee deductions must complete only the PAYROLL DEDUCTION AUTHORIZATION section (lower) and submit a signed copy to the address or email below.

PLEASE PRINT CLEARLY; ILLEGIBLE FORMS MAY NOT BE ACCEPTED AND MAY RESULT IN DELAYED PROCESSING.

It is **IMPORTANT** that you **SIGN** the applicable section(s) of the form prior to submission.

Send the completed form to:

Email: opeiulocal109@gmail.com

Subject line: Membership Application - (last name)



Visit the official Local 109 Website: www.opeiulocal109.com