

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCAL 109

**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 fax number below.

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

IT IS IMPORTANT that you sign the applicable section(s) of the
Form prior to submission.

Or email the SAVED form to opeiulocal109@gmail.com
Using the subject line: Membership Application – (last name)



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

Please e-mail to: opeiulocal109@gmail.com

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCAL 109

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.

Name (Please Print) _____ SSN xxx-xx- _____
Street Address _____ Employee Number _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
Personal E-Mail _____ Date of Birth _____
Occupation PILOT (Check One) R/W F/W Date of Hire _____
Name of Company AIR METHODS CORPORATION Base _____
Signature of Applicant _____ Date _____

PAYROLL DEDUCTION AUTHORIZATION

(Please Print)

"I _____, do hereby authorize and direct my employer, Air Methods Corp., to deduct from my wages for remittance to the Secretary-Treasurer of the Office and Professional Employee 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 AMC 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 AMC payroll department to revoke this authorization for payroll deduction.

My authorization for payroll deduction shall automatically be revoked if:

- A. I am transferred to a position with the Employer not covered by the agreement;
- B. My service with the employer is terminated;
- C. I am furloughed; or

Signature of Applicant _____ Date _____

Personal E-mail _____ for confirmation of receipt.