



UAW Local 2320
National Organization of Legal Services Workers
PO Box 5278, Old Bridge, NJ 08857

Name _____ Home Phone _____

Hm Address _____ City _____ St _____ Zip _____

Workplace _____ Job Title _____ Dept _____

Wk Address _____ Rm/Floor _____ Work Phone _____

Hire Date _____ Social Security # _____ Salary _____

Wk Email _____ Hm Email _____

I hereby join with my co-workers in organizing to better our wages, our working conditions and our lives. I want NOLSW Local 2320 U.A.W., to be my representative in collective bargaining for wages, hours and working conditions.

Date _____ Signature _____

I hereby authorize and direct my employer to deduct from my wages and to pay over to the Union on notice from the Union such amounts including initiation fees and assessments (if any owing by me) as my membership dues in said Union as may be established by the Union and become due to it from me during the effective period of this authorization.

This authorization may be revoked by me as of any anniversary date hereof by written notice signed by me of such revocation, received by my Employer and the Union, by registered mail, return receipt requested, not more than sixty (60) days and not less than fifty (50) days, before any such anniversary date, or on termination date of the collective bargaining agreement covering my employment, by like notice prior to such termination date, whichever occurs the sooner.

Signature _____

Date _____ Social Security # _____

Print Name _____

I hereby authorize and direct my employer to deduct from my wages and to pay over to the Union on notice from the Union such amounts including initiation fees and assessments (if any owing by me) as my membership dues in said Union as may be established by the Union and become due to it from me during the effective period of this authorization.

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Signature _____

Date _____ Social Security # _____