

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LAW ENFORCEMENT DIVISION
LOCAL UNION 42
301 SOUTH EWING AVENUE
ST. LOUIS, MO 63103
OFFICE: 314-531-1187

PAYROLL CHECK-OFF AUTHORIZATION, CONSENT AND WAIVER

I hereby authorize and direct my Employer to deduct from my paycheck four dollars(\$4.00) per month and to submit that amount to Laborers' Local 42, for the purpose of the membership in the Missouri Laborers' Law Enforcement Association, at such time as other remittances are made to the Union.

This authorization is voluntarily made. I understand that the signing of this Authorization and the making of payments to the Association are not conditions of employment with any Employer, that I have the right o refuse to sign this Authorization and to refuse to contribute to the Association without reprisal. I further understand that the Association will use the money it receives to invest in a Legal Defense Fund (L.D.F.) for my use in a manner consistent with the conditions of the Association and L.D.F. I also understand that this amount may change at any time, without notice, and that I may be required to pay an additional sum when necessary to keep the benefits associated with membership in the Association and L.D.F.

That in consideration of my participation in this Association , I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the officers, trustees, employees and agents of the Missouri Laborers' Law Enforcement Association and the Laborers' International Union including Local 42, from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.

I also understand that contributions to the association are not deductible as charitable contributions for federal income tax purposes.

This his Authorization shall remain in full force and effect until revoked by me in writing.

I am of lawful age and legally competent to sign this Authorization, Consent and Waiver Form and I have read and understand the terms of this Authorization, Consent and Waiver and agree to all terms and conditions.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____