



**United Food & Commercial Workers Union Minority Coalition
MEMBERSHIP APPLICATION**

Don Cash Sr.,
President
4301 Garden City Drive, Landover, MD 20785-2295 • 301-459-3400
www.ufcwminoritycoalition.com

Lavoris "Mikki" Harris,
Secretary-Treasurer

LAST NAME	FIRST NAME	M.I.	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
					- -
ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	EMPLOYER	POSITION	
APPLICANT SIGNATURE				DATE	
UFCW MINORITY COALITION EXECUTIVE OFFICER'S SIGNATURE					

PAYMENT METHOD

Please check the appropriate box and mail to:

4301 Garden City Drive, 4th Floor
Landover, MD 20785-2295

DUES CHECK-OFF PROGRAM

- | | |
|---|---|
| <input type="checkbox"/> International/Local Union Staff - \$60.00 | <input type="checkbox"/> \$1.16 weekly deduction
<input type="checkbox"/> \$2.32 bi-weekly deduction |
| <input type="checkbox"/> Regular - \$30.00 | <input type="checkbox"/> \$0.58 weekly deduction
<input type="checkbox"/> \$1.16 bi-weekly deduction |

ANNUAL PAYMENT

- International/Local Union Staff - \$60.00**
- Regular Membership - \$30.00**

DUES CHECK-OFF AUTHORIZATION

I hereby authorize UFCW Local Union No. _____ or UFCW International Union to deduct from my wages, commencing with the next payroll period, the amount as indicates above, which is to be transmitted to UFCW Minority Coalition.

I further agree to participate with the dues check-off program when it becomes available through payroll deduction when UFCW Local Union No. _____

Member's Signature

Date

Contributions or gifts to the UFCW Minority Coalition are not deductible as charitable contributions for federal tax purposes.

DO NOT WRITE IN THIS SPACE – FOR COALITION USE ONLY

Date Received

Date Processed

Check-off Start Date

