



CHECKOFF FORM

*Assignment and Authorization for Checkoff of Association
Dues and Assessments or Service Charges*

To: Alaska Airlines, Inc.

I, _____, hereby authorize and direct Alaska Airlines, Inc. to deduct from my pay such monthly dues and assessments as are now or may hereafter be established in accordance with the Constitution and By-Laws of the Association, or service charge in an amount equal to such dues, for remittance to the Air Line Pilots Association. I agree that this authorization shall be irrevocable for one year from the date hereof or until termination of the checkoff agreement between Alaska Airlines, Inc. and the Association, whichever occurs sooner.

If the checkoff agreement is terminated this authorization shall be automatically terminated. In the absence of a termination of the checkoff agreement, this authorization may be revoked effective as of any anniversary date of the signing hereof by written notice given by me to Alaska Airlines, Inc. and the Association by registered mail, return receipt requested, during the ten (10) days immediately preceding any such anniversary.

Amount to be deducted each month - 1.85% Plus Assessments, (if any)

ALPA Member Number _____

Street Address _____

City _____ State _____ Zip _____

Employee Number _____ Division _____

Signature _____

Date _____

Please return this form to ALPA Membership Administration Department.

E-mail: Membership@alpa.org
Fax: 703-464-2115
Mail: Air Line Pilots Association, Int'l
c/o Membership Administration Department
7950 Jones Branch Drive Ste 400S
McLean, VA 22102

Disclosure Statement Required by Federal Tax Law

*Dues, contributions, and gifts to ALPA are not tax deductible as charitable contributions.
However, they may be tax deductible as ordinary and necessary business expenses.*

SAVE

PRINT

SUBMIT

CLEAR