



CHECKOFF FORM

*Assignment and Authorization for Payment of Association Service
Charges and Dues*

To: Trans States

I, _____, hereby authorize and direct monthly dues as are now or may hereafter be established in accordance with the Constitution and By-Laws of the Association, or service charges 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 (1) year from the date hereof.

When a "Service Charge and Dues Form," as specified herein, is received by the Controller, Trans States, on or before the first day of the month, deductions will commence with the second pay day of the month following and will continue thereafter until revoked or cancelled.

Dues will be deducted each pay day, based on the gross amount paid on each such pay day. The Company will remit such dues to the Association after each pay period. These remittances will be subject to normal accounting practices with respect to adjustment necessary because of the methods involved in the deduction procedure. The Company remittance of membership dues of the Association will be accompanied by a list of names, the employees for whom deductions have been made in that period.

Collections of any back dues owed at the time of starting deductions for any employee, and collection of dues missed because of employee's earnings were not sufficient to cover the payment of dues for a particular pay period, will be the responsibility of the Association and will not be the subject of payroll deductions.

In the event of termination of employment, the obligation of the Company to collect dues shall not extend beyond the monthly period in which his last day of work occurs.

This authorization may be revoked effective as of any anniversary date of the signing of this form by written notice given by me to the Company and the Association both by Certified Mail, Return Receipt Requested during the ten (10) days immediately preceding any such anniversary.

ALPA Member Number _____

Street Address _____

City _____ State _____ Zip _____

Employee Number _____ Domicile _____

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