



CHECKOFF FORM

*Assignment and Authorization for Voluntary Payroll
Deduction of Premium for Air Line Pilots Association-Sponsored Insurance*

TO: ALASKA AIRLINES

I, _____, hereby authorize and direct Alaska Airlines to deduct from my earnings once each month insurance premiums as specified by the Association. Such amount so deducted is hereby assigned to the Air Line Pilots Association, International, subject to the provisions of the applicable insurance master contracts.

This assignment and authorization may be revoked by me in writing at any time. Any such revocation will be sent by me to the Air Line Pilots Association, with a copy to the Alaska Airlines Payroll Department.

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