



CHECKOFF FORM

*Assignment and Authorization for Voluntary checkoff of Association Dues*

To: Air Wisconsin, Inc.

I, \_\_\_\_\_, hereby authorize and direct Air Wisconsin, Inc., to deduct from my pay such monthly dues 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 Air Wisconsin 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 Air Wisconsin, Inc., and the Association by Certified Mail, Return Receipt Requested during the ten days immediately preceding any such anniversary.

ALPA Member Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pilot Payroll 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**