AUTHORIZATION FOR CHECK OFF OF WORK ASSESSMENT

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION
1325 Massachusetts Ave., NW, Washington, DC 20005

TO: Any and all non-federal employers signatory to a collective bargaining agreement with the National Air Traffic Controllers Association

I hereby assign to the National Air Traffic Controllers Association (NATCA), from any wages earned by me as an employee of any non-federal employer who is signatory to an applicable collective bargaining agreement (in my present or in any future employment), the sum equal to one (1) hour of the gross hourly wage paid to me by such employer. I authorize and direct you to deduct such amount from my pay each pay period, irrespective of my membership in NATCA, and to remit said sum monthly to NATCA in such manner as may be agreed upon between NATCA and the employer at any time while this authorization is in effect.

This assignment authorization and direction shall be irrevocable, irrespective of my membership in NATCA, for a period of one year from the date of delivery hereof, or until the termination of the collective bargaining agreement between the employer and NATCA which is in force at the time of delivery of this authorization, whichever occurs sooner. I agree and direct that this assignment, authorization and direction shall be automatically renewed and shall be irrevocable for successive periods of one year each and for the period of each succeeding applicable collective bargaining agreement between a non-federal employer with whom I am at that time employed and NATCA, whichever shall be shorter, unless written notice is given by me to the non-federal employer with whom I am at that time employed or of each applicable collective bargaining agreement between a non-federal employer with whom I am at that time employed and NATCA, whichever occurs sooner.

This authorization is made pursuant to the provisions of Section 302(C) of the Labor-Management Relations Act of 1947 and otherwise, and shall be effective October 1, 1985 or the date of execution, whichever is later.

Local_____   Employer_____

Name_____   Employer Address_____

Social Security #_____   _____

Address_____   _____

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Signature_____   Date_____