

Join UDW

Name:

Email:

Phone:

Cell Phone:

Date of Birth:

Address:

City:

Zip Code:

County Employer:

MEMBERSHIP FORM: I hereby apply for membership in the United Domestic Workers Union ("UDW") and I agree to abide by its Constitution and Bylaws. By this application, I authorize UDW or its successors ("Union") to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours, and other terms and conditions of employment with my employer. Contributions or gifts to the Union are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

AUTHORIZATION: I hereby authorize the Office of the State Controller of California to deduct from my earnings and pay over to the Union those dues and fees that may now or hereafter be established by the Union. This authorization is irrevocable, irrespective of my membership status, for a period of one year from the date of execution. This authorization shall be automatically renewed for successive periods of one year, unless I give the Union written notice of revocation signed by me not less than ten (10) days and not more than twenty (20) days before the end of any yearly period. I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

X _____

X *UDW* _____

Signed By UDW UDW

Signed On: April 24, 2018



Signature Certificate

Document name: Join UDW

🔒 Unique Document ID: DFD5F7AC65EEF7ECB5C0A478058BCC243AAD7FEA

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