

Laborers' Local 754 Political Action

This is to verify that:

_____, _____
(Member name) (Social Security Number)

of Laborers' Local 754 has made a voluntary contribution of five cents (\$.05) per hour for each hour worked / paid per the applicable CBA to the Laborers' Political Action (LPA). Foreign Nationals may not contribute. I understand that this voluntary payment is not a condition of membership on the union and that the union cannot favor or disadvantage me because of the amount of my contributions in connection with Federal, State and Local Elections. While specific amounts may be mentioned, these are merely suggestions, and you are free to contribute more or less than suggestion.

I hereby authorize my Union to deduct from my Dues Supplement Contribution five cents (\$.05) per hour for each hour I worked / paid per applicable CBA as a voluntary contribution to the Laborers' Political Action (LPA) which I understand constitutes a separate segregated fund used for the purposes allowed under the Federal Election Campaign Act, 2 U.S.C. Sec. 441 (b). Such authorization shall be remitted to the designated depository at the time and along with the Health & Welfare, Pension, Annuity, Training, IAF, LECET, LMCF, NH&S and Organizing.

Any revocation of the above must be in writing, bear the date and my signature, and be delivered to the Office of the Local Union of which I am a member and to the Employer to whom I am the currently employed.

Signature _____

Date _____

DUES DEDUCTION AUTHORIZATION

To all Employers by whom I am employed during the terms of the present or future Collective Bargaining Agreements (CBA) either by and between signatory Contractor Associations and the Eastern New York District Council and its affiliated Laborers' Local 754 of the Laborers' International Union of North America, AFL-CIO and its Affiliates, or by an Employer, not a member of said Associations, which has an individual CBA with the Council and its affiliates.

I, _____,

Social Security Number _____ of Laborers' Local 754 hereby authorize my Employer to deduct from my wages each week 4% of the current total wage and benefit package per the CBA for each hour worked / paid per the applicable CBA or the amount of dues specified in any future CBA's covering my employment, all of said amounts constitute what are known as the hourly deductions as part of my membership dues for said week owing by me to the Union. Such deductions shall be made from my earned pay on each regularly scheduled pay day and shall be reunited to the designated depository at the same time and along with the Health & Welfare, Pension, Annuity, Training, IAF, LECET, LMCF, NH&S and Organizing.

This authorization shall become operative upon the effective date of each CBA entered into between my Employer and the Union or upon the date that I executed this card, whichever is sooner. This authorization shall remain in effect during the terms of the current and all future CBA's entered into between my Employer and the Union unless it is specifically revoked in writing, bearing the date and my signature, and delivered to the Offices of Local Union of which I am a member and to the Employer whom I am currently employed.

Signature _____

Date _____

**New York State Laborers' Political Action
Payroll Check-Off Authorization**

I hereby authorize and direct each employer signatory to an Agreement with Laborers' Local 754 for whom I work to deduct from my paycheck \$.10 for each hour worked every pay period and to remit such amount to the New York State Laborer's Political Action ("NYSLPA") at such times as other remittances are made to the Union.

This authorization is voluntarily made. I understand that the signing of this authorization and the making of payments to the NYSLPA are not conditions of membership in the Union or of employment with any employer, that I have the right to refuse to sign this authorization and to contribute to NYSLPA without reprisal and that NYSLPA will use the money it receives to make political expenditures and contributions in connection with federal, state and local elections. I also understand that this amount of money is merely a suggested guideline, that I am free to contribute more or less than this amount by any lawful means other than this check-off and that the Union cannot favor or disadvantage me because of the amount of my contribution or my decision not to contribute.

This authorization shall remain in effect until revoked by me in writing.

Contributions to the New York State Laborers' Political Action are not deductible as charitable contributions for federal income tax purposes.

Print Name

Sign Name

Date

Social Security Number