



JMA / ILA Welfare & Pension Administration
920 A Philip Randolph Boulevard
Jacksonville, FL 32206
Phone: (904) 354-7258
Fax: (904) 355-3828

CHECK-OFF AUTHORIZATION

JACKSONVILLE MARITIME ASSOCIATION CONTAINER ROYALTY FUND:

I hereby assign to the International Longshoremen's Association Local 1593 and direct the above Container Royalty Fund to deduct (5%) percent of any payments that may be due and payable to me which said five (5%) percent shall represent dues/service charge owed by me to the International Longshoremen's Association Local 1593 in accordance with a resolution duly adopted by the Executive Council thereof.

This Agreement and Authorization shall be irrevocable for a period of one year from the effective date hereof or until the expiration of the present collective bargaining agreement covering my employment, whichever is sooner, at which time it may be revoked by written notice given by me to the above Container Royalty Fund at any time during a period of ten days prior to the expiration of the one year period or the present agreement, whichever is sooner. If no such notice is given, this authorization shall be irrevocable for successive periods of one year thereafter, with the same privilege of revocation at the end of each such period. This authorization shall also be retroactively effective to the first date of my employment under the collective bargaining agreement(s) covering my employment during such prior periods.

Date

Signature

Social Security Number

Print Name

Member? Yes _____ No _____

<input checked="" type="checkbox"/>	COPIES
<input type="checkbox"/>	Local
<input type="checkbox"/>	Employee



JMA / ILA Welfare & Pension Administration
 920 A Philip Randolph Boulevard
 Jacksonville, FL 32206
 Phone: (904) 354-7258
 Fax: (904) 355-3828

CHECK-OFF AUTHORIZATION

Container Royalty ILA Declination

JACKSONVILLE MARITIME ASSOCIATION CONTAINER ROYALTY FUND:

I hereby assign to the International Longshoremen's Association Local 1593 and direct the above Container Royalty Fund **NOT** to deduct (5%) percent of any payments that may be due and payable to me which said five (5%) percent shall represent dues/service charge owed by me to the International Longshoremen's Association Local 1593 in accordance with a resolution duly adopted by the Executive Council thereof.

This Agreement and Authorization shall be irrevocable for a period of one year from the effective date hereof or until the expiration of the present collective bargaining agreement covering my employment, whichever is sooner, at which time it may be revoked by written notice given by me to the above Container Royalty Fund at any time during a period of ten days prior to the expiration of the one year period or the present agreement, whichever is sooner. If no such notice is given, this authorization shall be irrevocable for successive periods of one year thereafter, with the same privilege of revocation at the end of each such period. This authorization shall also be retroactively effective to the first date of my employment under the collective bargaining agreement(s) covering my employment during such prior periods.

_____ Date _____ Signature

_____ Social Security Number _____ Print Name

Member? Yes _____ No _____

✓	COPIES
	Local
	Employee