



BROTHERHOOD of LOCOMOTIVE ENGINEERS and TRAINMEN

A Division of the Rail Conference of the International Brotherhood of Teamsters

Official Application for Membership

To Secretary-Treasurer — BLET Division _____

I hereby apply for membership/reinstatement in the Brotherhood of Locomotive Engineers and Trainmen.

My name is _____

Address _____

Railroad _____ Emp. ID # _____

Date of Birth (Month,Day, Year) _____

Social Security Number _____

I was formerly a member of BLET Division _____ *(Leave blank if not applicable)*

I am a (check only one): Locomotive Engineer Trainman Other (please specify): _____

I am making this application for membership because I believe that the BLET is my best bet for a secure and well paid future in railroad service, and I will cooperate with my fellow members to achieve these goals.

Application to be effective (Month, Day, Year) _____

Applicant's Signature: _____

Applicant's Phone Number: _____

Dues, contributions or gifts to BLET are not tax deductible as charitable contributions. However dues may be tax deductible as ordinary and necessary business expenses, except for that portion that is allocable to BLET's lobbying and political activities.

WAGE ASSIGNMENT AUTHORIZATION

I hereby assign to the BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN that part of my wages necessary to pay my monthly union dues, fees, assessments, initiation fees, and insurance premiums (not including fines

and penalties) as reported to the BLE&T DIVISION 256
by the Secretary-Treasurer of my Local Division in monthly statements, certified by him, as provided under the Deduction Agreement entered into by and between the Brotherhood and the Company; and I hereby authorize the Company to deduct from my wages all such sums and to pay them over to the Secretary-Treasurer of my Local Division.

This authorization may be revoked by the undersigned in writing after the expiration of one (1) year, or upon the termination date of the aforesaid deduction agreement, or upon the termination of the rules and working conditions agreement, whichever occurs sooner.

NAME: _____ Employee ID No.: _____
(Last) (First) (Middle Initial)

HOME ADDRESS: _____ Division: 256
(Street and number)

(City or town) Occupation: _____

(Date, Month, Day, Year) (Signature)

(Division No.)

WAGE ASSIGNMENT REVOCATION

Effective _____, I hereby revoke the Wage Assignment Authorization now in effect assigning to the UNITED TRANSPORTATION UNION that part of my wages necessary to pay my monthly dues, assessments, initiation fees, and insurance premiums, now being withheld pursuant to the Deduction Agreement between the Union and the Company, and I hereby cancel the authorization now in effect authorizing the Company to deduct such monthly union dues, assessments, initiation fees and insurance premiums from my wages.

NAME: _____ Employee ID No.: _____
(Last) (First) (Middle Initial)

HOME ADDRESS: _____ Division: _____
(Street and number)

(City or town) Occupation: _____

(Date — Month, Day, Year) (Signature)

(Lodge No.)