



# Membership Application

## Personal Details

1. Name \_\_\_\_\_ (Date) \_\_\_\_\_  
(First) (Middle) (Last) (Jr./Sr./Etc.)

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Primary Phone \_\_\_\_\_ Home Cell 4. Date of Birth \_\_\_\_\_  
(Month/Day/Year)

5. Email \_\_\_\_\_ 6. SSN (last 4) \_\_\_\_\_

## Membership Details

7. Local Number \_\_\_\_\_ 8. Requested Membership Date \_\_\_\_\_  
(Month/Day/Year)

9. GCA \_\_\_\_\_ 10. LCA \_\_\_\_\_

## Employment Details

11. Home Terminal \_\_\_\_\_

12. Employer/Carrier \_\_\_\_\_

13. Employee ID/ Badge No. \_\_\_\_\_ 14. Craft (check one to the right)

## U.S. Military Veteran Status

15. I am a veteran Yes  No  16. Branch \_\_\_\_\_ 17. Dates \_\_\_\_\_  
(Month/Year - Month/Year)

**ADCFH5 BH4ZL Jg'Udd'WUjcb'Jg'bchgi Va JhX'XjYwimic'UH8'cZwWf'Jb'U'ha Y mi**  
**a UbbYf@a @ |a^A{ a^A^ A dXUjb[ SH8 4 ga Ufhi b]cb'cf[ or faxed to 2% !&&+) &&, "**  
**7 U`g`regarding`h`Y`Udd`WUjcb`dfc`WXi`fY`WU`b`VY`a`UXY`tc`&%`!227-5437.**

I hereby make application for membership in the SMART Transportation Division. I pledge my honor to faithfully observe the Constitution and laws of the SMART Transportation Division, including the bylaws of my local; to comply with the rules and regulations for the government of the SMART Transportation Division; not to make known to outsiders any private proceedings for the SMART Transportation Division; to faithfully perform all the duties assigned to me to the best of my ability and skill; to so conduct myself at all times as not to bring reproach upon my union and at all times bear true and faithful allegiance to the SMART Transportation Division.

Respectfully Submitted:

\_\_\_\_\_  
(Applicant's Signature)

I certify that I have witnessed the applicant's signature hereto:

\_\_\_\_\_  
(Signature of Member)

In signing this application, we as members of the above number local, certify that to the best of our belief, the applicant is of good moral character and, if admitted to membership in the SMART Transportation Division, will be a worthy member.

Craft Codes	
<input type="checkbox"/>	Brakeman
<input type="checkbox"/>	Bus Operator/Other Bus
<input type="checkbox"/>	Carman
<input type="checkbox"/>	Clerk
<input type="checkbox"/>	Conductor
<input type="checkbox"/>	Diesel Electrician
<input type="checkbox"/>	Dispatcher
<input type="checkbox"/>	Electrician
<input type="checkbox"/>	Engineer
<input type="checkbox"/>	Fireman
<input type="checkbox"/>	Flight Attendant
<input type="checkbox"/>	Hostler
<input type="checkbox"/>	Lawyer
<input type="checkbox"/>	Machinist
<input type="checkbox"/>	Maintenance of Equipment
<input type="checkbox"/>	Maintenance of Way
<input type="checkbox"/>	Pilot
<input type="checkbox"/>	Police/Investigator
<input type="checkbox"/>	Signal Maintenance
<input type="checkbox"/>	Signalman
<input type="checkbox"/>	Station Master
<input type="checkbox"/>	Switchman
<input type="checkbox"/>	Truck Driver
<input type="checkbox"/>	Yardman
<input type="checkbox"/>	Yardmaster
<input type="checkbox"/>	
<input type="checkbox"/>	Other

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Signature of Member)

UNION DUES ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. DUES MAY QUALIFY AS BUSINESS EXPENSES, AND MAY BE DEDUCTIBLE IN LIMITED CIRCUMSTANCES SUBJECT TO VARIOUS RESTRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE.

## AUTHORIZATION FOR DUES DEDUCTION

Recognizing the need for a strong Union, I hereby assign to the SMART TRANSPORTATION DIVISION 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 Company by the Treasurer of my Local in monthly certified statements, as provided under the Collective Bargaining Agreement entered into by and between the SMART TD and the Company; and I hereby request and authorize the Company to deduct from my wages all such sums and to pay them over to the SMART TD. If at any time my local notifies the Employer of a change in membership dues, or amounts to be paid for organization benefits or insurance premiums, I hereby authorize a corresponding change in the deduction amount.

In addition, because everyone represented by our Union should pay their fair share to support our Union's activities, this authorization shall remain in effect and shall be irrevocable, irrespective of my membership in the Union, unless I revoke it by sending written notice via U.S. mail to both Employer and Union during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable Deduction Agreement between Employer and Union, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year, unless I revoke it in writing during the window period, irrespective of my membership in the Union. In the event I decide to transfer my membership to another transportation union, I understand that my dues authorization may not be revoked until I have provided the required SMART revocation form to both union and employer.

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**Employee's Signature**

**Date**

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First Name

Middle Initial

Last Name

Badge #

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Occupation

Employer

Division

Local Committee of Adjustment No.

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Date of Birth

SSN (last four digits)

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Home Address

City

State/Zip

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E-Mail Address

Phone Number(s)

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