

Union Dues Payment and Membership Renewal Form

Please fill out this form to renew your union membership and authorize your dues payment. Once completed, print this form and submit it to your local union representative or administration office.

1. Member Information

Full Name:

Union Member ID (if known):

Mailing Address:

Phone Number:

Email Address:

2. Employment & Local Union Details

Local Union Number:

Employer Name:

Job Title / Occupation:

Work Location / Facility:

3. Renewal Option & Dues Amount

Membership Type (e.g., Full-Time, Part-Time, Associate):

Renewal Period (e.g., Monthly, Annually):

Dues Payment Amount (\$):

4. Payment Method Information

Please specify how you are paying (e.g., Credit Card, Check, Payroll Deduction):

Payment Method:

If paying by Credit/Debit Card, please provide details below:

Name on Card:

Card Number:

Expiration Date (MM/YYYY):

Security Code (CVV):

5. Authorization & Signature

By signing below, I authorize the collection of the specified union dues for the renewal of my membership.

Member Signature (Sign here after printing):

Date (MM/DD/YYYY):