

**Please e-mail to: Captain Gordon Harwell
gnharwell@gmail.com**

**APPLICATION FOR MEMBERSHIP
OFFICE & PROFESSIONAL EMPLOYEE INTERNATIONAL UNION, AFL-CIO**

I hereby make application for admission to membership in Office & Professional Employee International Union, OPEIU Local 108, affiliated with the American Federation of Labor and Congress of Industrial Organizations.

Name: _____ SSN: _____ / _____ / _____
First MI Last

Street Address: _____

City: _____ State: _____ Zip Code: _____ — _____

Home Phone: (_____) — _____ Cell Phone: (_____) — _____

E-mail Address: _____

Business Unit: GOM / IHTI / EMS Schedule: 1 - 2 Base: _____
(circle one)

Date of Hire: _____ Employee Number: _____

Signature of Applicant: _____ Date: _____



PAYROLL DEDUCTION AUTHORIZATION

(Please Print Name)

I, _____, do hereby authorize and direct my employer, Petroleum Helicopters, Inc., to deduct from my wages for remittance to the Secretary-Treasurer of the Office and Professional Employee International Union, Local 108, periodic dues, initiation fees or agency fee uniformly levied in accordance with the Constitution and Bylaws of the union. I further authorize and direct my employer to deduct from my wages for remittance, as set forth above, the total or balance of unpaid dues, initiation fees or agency fees due and owing the union at the time my employment with the above named employer ends.

I agree that this authorization shall be irrevocable for the term of the Agreement between the union and the company, or for the period of (1) year from the date the Authorization is first executed, whichever occurs sooner. Revocation shall become effective when the pilot serves written notice on the Payroll Department to revoke such Authorization for payroll deduction.

An Authorization for Payroll Deduction shall automatically be revoked if:

- A. the Pilot transfers to a position with the Employer not covered by the agreement;
- B. the Pilot's service with the employer is terminated;
- C. the Pilot is furloughed; or
- D. the Pilot is on an authorized leave of absence.

Signed: _____ Witness: _____

Date: _____ Employee Number: _____