



**AUTHORIZATION FOR CHECK OFF
OF UNION WORK ASSESSMENT FEE**

Date: _____

I, the undersigned, working in the jurisdiction of I.A.T.S.E. Local 205, hereby request and voluntarily authorize Stage Alliance, Inc. to deduct from any wages or compensation due me each pay period, the regular Union work assessment dues uniformly applicable to those employees working in the jurisdiction of I.A.T.S.E. Local 205, Austin, Texas.

This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice by registered mail to both the Employer and I.A.T.S.E. Local 205 fifteen (15) days immediately succeeding any yearly period subsequent to the date of this authorization, or subsequent to the date of termination of the applicable contract between the Employer and the Union, whichever occurs sooner, and shall be automatically renewed as an irrevocable check-off from year to year unless revoked as herein above provided.

I understand that signing this authorization is voluntary and is in no way required for employment by Stage Alliance, Inc.

Signed: _____

Printed: _____

Last 4 digits of SSN #: XXX-XX-_____

Questions regarding this form?

**Please contact the IATSE 205 Business Agent: (512) 371-1217 ext. 103 or
businessagent@iatse205.org**