

Please fax this form to: (760) 465-9455 or e-mail to: paulbrep@gmail.com
or: Mail to: PAUL BOHELSKI, 8800 ELBE TRAIL, FORT WORTH, TX 76118-7408

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

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

Name _____ SSN _____ - _____ - _____

Street Address _____

City _____ State _____ Zip code _____ -- _____

Home Telephone (_____) _____ - _____ Cell (_____) _____ - _____

e-mail _____

Occupation Captain Business Unit GOM/EMS/TNG/IHTI Schedule 1 or 2 Base _____

Name of Company Petroleum Helicopters, Inc Date of Hire _____

Department Operations 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 _____