



# UNION BY CHOICE

## OPT-IN FORM



I, \_\_\_\_\_, elect to **OPT-IN** and become a **Union Member by Choice**. It is my decision, as an American, to freely associate with a union and I'm choosing to be part of the International Association of Fire Fighters Local \_\_\_\_\_, and its affiliates.

By means of this voluntary decision, I recognize the advantages of being a member and participating in matters beneficial to me, my family, our profession, and the community I serve. As a member I receive all rights of union membership, including the right to have a voice and a vote about contract matters, including those areas pertaining to wages, hours, and conditions of employment, and other decisions made by this local. I further receive the right to vote for officers of this union.

I make this authorization knowing there is a cost for representation, collective bargaining, and other activities my union undertakes on behalf of me and my family.

As a member, I am entitled to the benefits of our collective bargaining agreement and all other benefits that my union and its affiliates offer.

Effective immediately, I hereby authorize the deduction of union dues as outlined in the local's Constitution and Bylaws, which are democratically controlled by the members and followed by the elected leaders of the union. The amount that is to be withdrawn will be transmitted to the union.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principle Union Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date

CC:    Union Member  
       Local Union  
       Employer

