



CHAUFFEURS, TEAMSTERS AND HELPERS

LOCAL NO. 150
7120 EAST PARKWAY – SACRAMENTO, CALIFORNIA 95823
TELEPHONE (916) 392-7070 FAX 392-7675
EMAIL teamsters@teamsters150.org



AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

OWNER-OPERATOR Election Form Instructions

1. Complete the three (3) attached forms:
 1. **Election Form**
 2. **Application**
 3. **Beneficiary Card**

2. Attach a current copy of your truck registration.

3. Make checks payable to Teamsters Local 150 (Credit Cards Accepted)

\$325.00	Initiation Fee
\$80.00	Dues (<i>first month non-refundable</i>)
=====	
\$405.00	TOTAL

4. Mail check and forms to:

Teamsters Local 150
7120 East Parkway
Sacramento, CA, 95823

5. Please contact Doug Secord at (916) 210-1216 if you have any questions.

***** IF YOU ARE NOT WORKING - REQUEST A WITHDRAWAL CARD *****



APPLICATION AND NOTICE FOR MEMBERSHIP IN LOCAL UNION NO. _____

Affiliated with the International Brotherhood of Teamsters

I voluntarily submit this Application for Membership in Local Union _____, affiliated with the International Brotherhood of Teamsters, so that I may fully participate in the activities of the Union. I understand that by becoming and remaining a member of the Union, I will be entitled to attend membership meetings, participate in the development of contract proposals for collective bargaining, vote to ratify or reject collective bargaining agreements, run for Union office or support candidates of my choice, receive Union publications and take advantage of programs available only to Union members. I understand that only as a member of the Union will I be able to determine the course the Union takes to represent me in negotiations to improve my wages, fringe benefits and working conditions. And, I understand that the Union's strength and ability to represent my interests depends upon my exercising my right, as guaranteed by federal law, to join the Union and engage in collective activities with my fellow workers.

I understand that under the current law, I may elect "nonmember" status, and can satisfy any contractual obligation necessary to retain my employment by paying an amount equal to the uniform dues and initiation fee required of members of the Union. I also understand that if I elect not to become a member or remain a member, I may object to paying the pro-rata portion of regular Union dues or fees that are not germane to collective bargaining, contract administration and grievance adjustment, and I can request the Local Union to provide me with information concerning its most recent allocation of expenditures devoted to activities that are both germane and non-germane to its performance as the collective bargaining representative sufficient to enable me to decide whether or not to become an objector. I understand that nonmembers who choose to object to paying the pro-rata portion of regular Union dues or fees that are not germane to collective bargaining will be entitled to a reduction in fees based on the aforementioned allocation of expenditures, and will have the right to challenge the correctness of the allocation. The procedures for filing such challenges will be provided by my Local Union, upon request.

I have read and understand the options available to me and submit this application to be admitted as a member of the Local Union.

PRINT _____ Occupation _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Street _____ Phone _____

City _____ State _____ Zip Code _____

Employer _____ Employment Date _____

Street _____ Phone _____

City _____ State _____ Zip Code _____

Initiation Fee \$ _____ Paid to _____

Date of Birth _____ Social Security No. _____

Have you ever been a member of a Teamster Local Union? _____

If yes, what Local Union No. _____

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____



Union dues are not deductible as charitable contributions for Federal Income Tax purposes.

Printed in U.S.A.

CHAUFFEURS, TEAMSTERS & HELPERS, LOCAL NO. 150

7120 East Parkway
Sacramento, California

Date _____

My Beneficiary is _____
PRINT FULL NAME

Relationship _____

MEMBER'S NAME (Please Print) _____

SOCIAL SECURITY NUMBER _____

MEMBER'S SIGNATURE _____