

**APPLICATION**  
(PRESS FIRMLY WHEN COMPLETING APPLICATION)  
**TEAMSTERS LOCAL UNION NO. 986** Affiliated with the International Brotherhood of Teamsters  
300 Shadow Lane • Las Vegas, NV 89106 • Phone: 702-385-0995



**NOTE:** Applicant MUST fill in EVERY line and PRINT everything except signature

Male ☐

Female ☐

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Name

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Month Day Year

Company \_\_\_\_\_ Full Time ☐ Part Time ☐

Company Address \_\_\_\_\_ City \_\_\_\_\_

Date Employed \_\_\_\_\_ Occupation \_\_\_\_\_  
Month Day Year

Have you ever been a Member of the Teamsters? \_\_\_\_\_ If yes, give Number of Local Union # \_\_\_\_\_ and  
Yes or No

Do you have a Withdrawal Card from your previous Local? \_\_\_\_\_ Previous Local's  
Yes or No City & State

I voluntarily submit this Application for membership in Local Union 986, 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 non-members 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.

I agree that when I am not actively employed in the craft I wish to be placed on an honorable withdrawal status.

Applicants Signature \_\_\_\_\_  
Do NOT Print Date Signed \_\_\_\_\_

## AUTHORIZATION FOR PAYROLL DEDUCTION

I, \_\_\_\_\_ hereby authorize my employer to deduct from my wages each and every month an amount equal to the  
(Print Name)

monthly dues, initiation fees and uniform assessments of Local Union 986, and direct such amounts so deducted to be turned over each month to the Secretary-Treasurer of such Local Union for and on my behalf.

This authorization is voluntary and is not conditioned on my present or future membership in the Union.

This authorization and assignment shall be irrevocable for the term of the applicable contract between the union and the employer or for one year, whichever is the lesser, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is lesser, unless I give written notice to the company and the Union at least sixty (60) days, but not more than seventy-five (75) days before any periodic renewal date of this authorization and assignment of my desire to revoke same.

Signature \_\_\_\_\_

## AUTHORIZATION FOR DRIVE DEDUCTION

I subscribe, freely and voluntarily, the sum indicated below each week to DRIVE with the understanding that this voluntary contribution may be used by DRIVE for political purposes consistent with the labor-related goals of DRIVE, including contributions to support candidates for local, state and federal offices. I understand my right to refuse to contribute or to discontinue this contribution without reprisal and that the amounts below serve merely as suggestions. I am free to subscribe more or less than these guidelines, or nothing, without benefit or disadvantage to my employment status. I further hereby authorize and request my employer to deduct from my earnings the sum indicated below each week to be remitted to National DRIVE.

I reserve the right in accordance with the applicable state or federal laws to revoke this voluntary authorization at any time by giving written notice of such revocation to National DRIVE in accordance with such laws or otherwise.

Suggested voluntary contribution: ☐ \$1.00 per week ☐ \$2.00 per week ☐ \$5.00 per week ☐ other \$\_\_\_\_\_ per week

**A copy of the DRIVE report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C. 20463. Donation not U.S. tax deductible.**

Name of Company - Please Print \_\_\_\_\_ Signature \_\_\_\_\_

Top Copy to Union

Yellow Copy to Company

Pink to Applicant

FOR OFFICE USE ONLY

Date _____	Init. Fee _____	Tsf. in Loc.# _____	Dues Rate _____	Wage Rate _____
_____	Rein. Fee _____	Tsf. Fee \$ _____	Init. Date _____	_____
App Covers _____	Dep. 986 HWC _____	Active _____	_____	I.D. Issued _____
_____	_____	On HWC _____	_____	_____
_____	_____	Susp. _____	_____	_____