

# Transit Supervisors Organization

## Transport Workers Union - Local 106

### Authorization for Deduction of Dues

I hereby authorize regular payroll deductions of my union dues by Manhattan and Bronx Surface Transit Authority, New York City Transit Authority, or MTA Bus Company (hereinafter called the "Authority") in such amount as may, from time to time, be certified by the Union as the monthly dues, which amount shall be paid to the Treasurer of the Transit Supervisors Organization - TWU Local 106, on condition that said Union pays to the Authority such amount towards the cost and expense thereby incurred by the Authority as may be fixed and determined by the Authority.

This authorization and assignment shall be irrevocable for a period of one year from the date of execution. This Authorization shall be automatically renewed and shall be irrevocable for successive periods of one year each, unless revoked by me in writing during the period of not more than twenty days and not less than ten days immediately preceding the termination date of each period of one year.

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Unit \_\_\_\_\_ Location \_\_\_\_\_

Employee/Payroll# \_\_\_\_\_ BSC# \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

*The foregoing is a legally binding agreement authorized by, and in compliance with, the 2018 amendments to the New York Public Employees Fair Employment Act. This Authorization may be amended without further notice to comply with additional amendments or administrative or judicial interpretation.*

*In agreeing to the dues deductions authorized hereby, I also knowingly, clearly and affirmatively agree that the Union shall be authorized to speak on my behalf as a member of the Union in matters of public concern.*

### Application for Membership

I hereby apply for membership in the Transit Supervisors Organization and agree to abide by its by-laws and the TWU International Constitution.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Title \_\_\_\_\_

Pass/Payroll# \_\_\_\_\_ BSC# \_\_\_\_\_ OA – TA – MTA  
(Circle one)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TSO Copy**