

REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Privacy Act Statement

Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deductions. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated

collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

1. Name of Employee (<i>Print-Last, First, Middle</i>)	2. Employee I.D. Number (<i>SSN or Other</i>)	3. Timekeeper No
4. Home Address (<i>Street number, City, State and Zip Code</i>)	5. Agency Name (<i>Include Bureau, Division, Branch or Other Designation</i>)	

Section A - For Use By Labor Organization

Name of Labor Organization (*Indicate Local, Branch, Lodge or Other Appropriate Identification*)

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per pay period	(biweekly pay period) (calendar month) (<i>Strike out whichever period is not appropriate, based on arrangement with employee's agency.</i>)
Signature and Title of Authorized Official	Date (<i>Month, Day, Year</i>)

Section B - Authorization By Employee

I hereby authorize the above named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization)
IAMAW NATIONAL FEDERATION OF FEDERAL EMPLOYEES
 and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted that is certified by the above named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office of my employing agency; and that, if for a monthly deduction, it will be effective the first full pay period of the calendar month following its receipt in the payroll office of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll

Signature of Employee	Date (<i>Month, Day, Year</i>)		
FOR COMPLETION BY AGENCY ONLY--The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "Yes", send this form to payroll. If "No", return this form to the labor organization.	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">YES</td> <td style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		

Instructions for NFFE Locals in the Forest Service

To become union members, employees must complete the SF-1187 form and the IAM Application. After employee completes each form one of the Local officers must ensure that the forms are submitted to the right officials.

SF-1187:

1. Be sure section A of the SF-1187 is accurately completed
2. Sign the form.
3. Make two copies of the form
4. Send the original or fax a copy to:

ASC -- HCM
3900 Masthead St, NE
Mail Stop 225, ATTN: PAY
Albuquerque, NM 87109
Fax: 866- 339-6435

NOTE: If you want verification of receipt, send the original form via certified mail to the address listed above.

5. Send or fax a copy to:
National Federation of Federal Employees
Attn: Secretary - Treasurer
805 15th St. NW
Suite 500
Washington, DC 80005
Fax: 202-898-1862
6. File one copy in your Local's permanent records.
7. Follow up with the employee in 2 pay periods to ensure that it was indeed processed and dues are being withheld.

IAMAW Application for Membership

1. Be sure that your Local number is accurate in the first paragraph.
2. Make two copies of the form.
3. Give one copy to the employee.
4. File one copy in the Local's records with the SF-1187.
5. Send or fax the original to:

National Federation of Federal Employees
Attn: Secretary - Treasurer
805 15th St. NW
Suite 500
Washington, DC 80005

Fax: 202-898-1862

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

APPLICATION AND AUTHORIZATION (fill in shaded areas)

To the Officers and members of Lodge No. **FD1, NFFE Local** (the "Lodge" or "Union"), I hereby tender my application for membership in the International Association of Machinists and Aerospace Workers, AFL-CIO (IAM). I understand that while I may be required to tender monthly fees to the Union, I am not required, as a condition of employment, to sign a membership application and that this application for membership is voluntary. I agree to obey the laws of the IAM and to support the principals of trade unionism, and I authorize the IAM and/or its designated affiliate to act as my representative for collective bargaining.

I also authorize my Employer to deduct from my wages and forward to the Union: (1) biweekly membership dues; and (2) any required initiation or reinstatement fee as set forth in the collective bargaining agreement between the Employer and the Union or the by-laws of the Lodge. This authorization shall be irrevocable for one (1) year or until the termination of the collective bargaining agreement between my Employer and the Union, whichever occurs sooner. I agree that this authorization shall be automatically renewed for successive 1-year periods or until the termination of the collective bargaining agreement, whichever is the lesser, unless I revoke it by giving written notice to my Employer and Union not more than twenty (20) and not less than five (5) days prior to the expiration of the appropriate yearly period or contract term. I expressly agree that this authorization is independent of, and not a quid pro quo for, union membership, but recognizes the value of the services provided to me by the Union. It shall continue in full force and effect, even if I resign my Union membership, except if properly revoked in the manner prescribed above.

Name:	Date:	Card No:
Home Address:		M__ F__ Date of Birth
Email:	Phone:	Hourly wage
Employer: USDA Forest Service		Hire Date:
Class of Work: Specialist		Years Experience:

If former member of IAM: Card No.:	Lodge No.:	Location:	Last Dues Paid:
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The following information is strictly voluntary and is requested for the sole purpose of providing improved services to our membership:

I am:	Male:	Female:	My date of birth is:
I am:	Caucasian:	African American:	Asian: Hispanic: Pacific Islander: Native American: Other:

I have examined and acknowledge receipt of the attached union security notice. I also understand that as a member of the IAM, I have certain rights and privileges, as set forth in the IAM Constitution and in various Federal laws. In particular, the Labor Management Reporting and Disclosure Act (LMRDA) provides union members with certain rights and imposes certain responsibilities on unions. A summary of the LMRDA is published annually in the Fall *IAM Journal*. Copies of the IAM Constitution and the LMRDA may be obtained by contacting the IAM General Secretary-Treasurer, 9000 Machinists Place, Upper Marlboro, MD 20772.

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(Your Signature)

(Date)

FORM NO. MR01

(UNION SECURITY NOTICE CONSISTS OF THE SECOND PARAGRAPH OF THIS APPLICATION)