



I.A.T.S.E. Local #305 Referral Fee Automatic Deduction Authorization Form

Name: _____

(Last Name, First Name, Middle Initial)

Social Security Number ###-##-_____

(Last 4 dig. of SSN#)

Effective immediately, the undersigned assigns to Local #305 of the International Alliance of Theatrical Stage Employees the sum of 2% of all wages covered by any IATSE Local 305 Broadcast Contract with any signatory Broadcast Employer, and at this moment, authorizes and directs all such Employers to deduct such sum from the wages of the undersigned, and to remit the same to Local #305 as Referral Fees. This assignment shall be irrevocable for one (1) year from the date of this form or until termination of the active collective bargaining agreement, whichever is sooner. It shall otherwise be renewed for like periods unless revoked by the undersigned in writing not more than fifteen (15) days before or after the expiration of such period. This authorization is voluntary and not a condition of my employment. It shall remain effective if my employment ends and I am later re-employed by the same or any other employers with IATSE Broadcast Contracts.

Date: _____

Signature: _____

Email: _____

Mailing Address: _____