

City of Ocala

Bounty Program Overview

Current Member recruits a New Member who remains in the union a minimum of three consecutive months.

CURRENT MEMBER RECEIVES

\$50.00

RECRUITED MEMBER RECEIVES

REIMBURSEMENT EQUAL TO THREE MONTHS DUES

- Bounty may only be paid once per individual member
- Bounty payable only after new member has paid dues three consecutive months based on the payroll reports from the City.
- Bounty will not be paid on previous IBEW Members
- There is no limit to how many individuals you recruit!

THE RECRUITING 1205 MEMBER NAME, CARD#, PHONE AND EMAIL MUST BE COMPLETED BELOW AND RETURNED WITH WITH NEW MEMBER APPLICATION TO:

MAIL: 2510 NW 6TH STREET, GAINESVILLE, FL 32609

FAX: 352-376-9922

EMAIL: APPLY@IBEW1205.ORG

****PLEASE CONTACT THE UNION HALL DIRECTLY, 352-376-7701, IF NO PAYMENT HAS BEEN RECEIVED AFTER THE FOURTH MONTH OF THE RECRUITED MEMBER'S COMPLETION OF THE APPLICATION****

RECRUITING 1205 MEMBER	RECRUITED MEMBER
Name:	Name:
IBEW Card #:	Employee #
Phone:	Phone:
Email:	Email:

AUTHORIZATION FOR REPRESENTATION

I authorize Local Union No. 1205 of the International Brotherhood of Electrical Workers® to represent me as my bargaining representative in collective bargaining with my employer.

Name _____
(Print first, middle, and last name)

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Employer City of Ocala Location _____

Department _____ Manager _____

Job Title _____ Shift 1st 2nd 3rd

_____ Date of Authorization _____ Signature _____

Form 141 Rev. 9/13

Dues Deduction Authorization

I hereby authorize and direct City of Ocala to deduct from my pay an amount equal to the dues and initiation fees in the amounts fixed in accordance with the Bylaws of Local Union 1205 and the Constitution of the International Brotherhood of Electrical Workers and to pay same to said Local Union in accordance with the terms of the bargaining agreement between the Employer and the Union.

This authorization is voluntarily made in order to pay my fair share of the Union's cost of representing me for the purposes of collective bargaining, and this authorization is not conditioned on my present or future membership in the Union.

This authorization shall be irrevocable for a period of one year from the date hereof or until the termination date of said agreement, whichever occurs sooner, without regard to whether I am a member of the Union during that period, and I agree that this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked by written notice to you and the Union within the ten (10) day period prior to either the anniversary of this authorization or the termination of the agreement. I understand that under current law the payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.

Name (print) _____ Signature _____

Date _____ Dept. _____

Form 66 10/12 FOR UNION FILE

Dues Deduction Authorization

I hereby authorize and direct City of Ocala to deduct from my pay an amount equal to the dues and initiation fees in the amounts fixed in accordance with the Bylaws of Local Union 1205 and the Constitution of the International Brotherhood of Electrical Workers and to pay same to said Local Union in accordance with the terms of the bargaining agreement between the Employer and the Union.

This authorization is voluntarily made in order to pay my fair share of the Union's cost of representing me for the purposes of collective bargaining, and this authorization is not conditioned on my present or future membership in the Union.

This authorization shall be irrevocable for a period of one year from the date hereof or until the termination date of said agreement, whichever occurs sooner, without regard to whether I am a member of the Union during that period, and I agree that this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked by written notice to you and the Union within the ten (10) day period prior to either the anniversary of this authorization or the termination of the agreement. I understand that under current law the payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.

Name (print) _____ Signature _____

Date _____ Dept. _____

Form 66 10/12 FOR COMPANY FILE