

Assessment Fee Agreement and Authorization

I, _____, request IATSE Local 824 (hereafter referred to as the Union) to refer me to work with any employer that has an agreement with the Union to provide referrals. I understand that any such referral shall be in accordance with the terms and conditions of the Unions agreement with that employer.

In consideration for referral, I agree to pay the Union an assessment fee (hereafter referred to as the FEE). The amount of the Fee is 5%of gross wages as of January 2006. The Fee is due and payable at the time the employer compensates me. I understand and agree that my failure to pay the Fee relieves the Union of any obligation to refer me to work.

I authorize the employer to deduct from my wages an amount equal to the fee due and remit to the Union. I understand and agree that, regardless of this authorization, I am responsible for payment of the Fee.

I further understand and agree that the fee is due and payable to the Union regardless of my membership or lack of membership in the Union.

I hereby acknowledge that the Union makes no guarantee, inducement, or promise of any kind in connection with this agreement and authorization, which I now sign freely and voluntarily.

Signed: _____

Date: _____

Name (Print): _____

SSN: _____

Phone Number: _____

Email: _____

Address: _____

City, State, Zip: _____

Notice: The union shall refer workers for work under this agreement without regard to their race, sex, color, religion, creed, national origin, age, membership or lack of membership in the union.