



**LOCAL 176**  
**LICENSED USHERS and TICKET TAKERS**  
**MEMBERSHIP FORM**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

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

Email: \_\_\_\_\_

DOB: Month/Date/Year \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MEMBERSHIP APPLICATION:** Effective immediately, I hereby request and accept membership in Service Employees International Union (SEIU) Local 176 - and authorize SEIU Local 176 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment. I agree to be bound by the Constitution and Bylaws of the Service Employees International Union and SEIU Local 176. I understand that in order to establish and maintain membership in good standing, I am obligated to pay dues and assessments as duly adopted by SEIU Local 176.

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

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**DUES CHECK-OFF AUTHORIZATION:** I hereby authorize and direct my employer to deduct from my earnings - and to transmit to Service Employees International Union (SEIU) Local 176 - membership dues in the amount established or revised by SEIU Local 176 in accordance with the SEIU Local 176 Constitution and Bylaws. If for any reason my Employer fails to make a deduction, I authorize the Employer to make such deduction in the subsequent payroll period. SEIU Local 176 is authorized to deposit this authorization with my current Employer(s) and with any other Employer(s) under contract with Local 176 in the event I change Employer or obtain additional employment - and is authorized to redeposit this authorization with any Employer under contract with Local 176 if my employment with that Employer terminates and I am later rehired.

Name (Printed): \_\_\_\_\_ EID#: \_\_\_\_\_

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